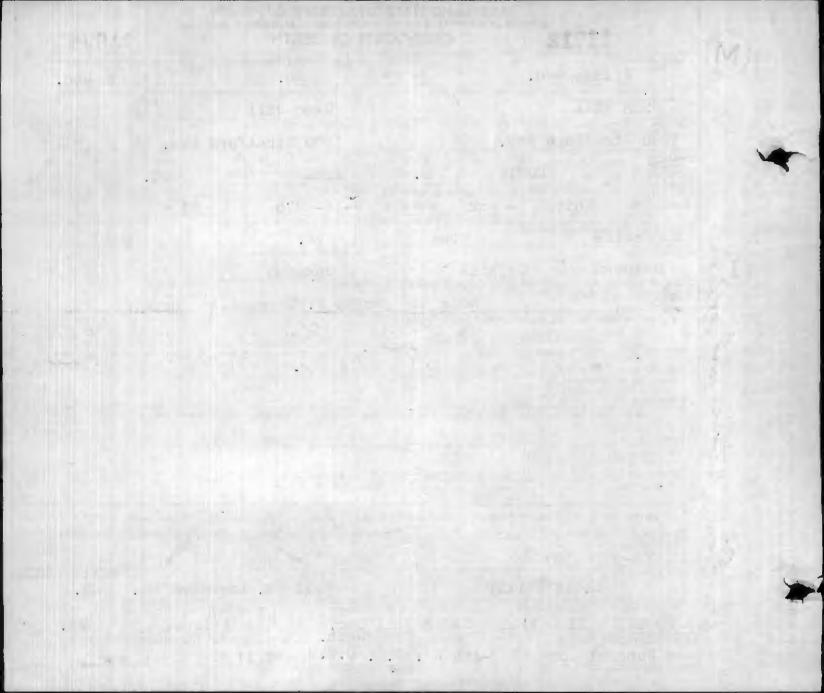
TO HOSP

VR A15 [4] 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11712

11698

1		PLACE OF DEATH	nce Geo.		MARYL	AND	2. USUAL RESIDENCE (WO. STATE Md.	here decease	d lived. If institut b. COUNTY		~	e odmissie Geo.	on)
	ŧ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XON HILL					c. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) Oxon H1177						
	d. NAME OF HOSPITAL (If nat in haspital, give street oddress)						d. STREET ADDRESS e. IS RESIDENCE					DENCE	
		5200 Str	atford A	ve.			5200 Stratford Ave.						
	- (NAME OF DECEASED (Type or print)	SUS		Middle M.		ADAMS	4. DATE OF DEATH	Мо О С		8		9 61
	5. 5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	B O	DATE OF BIRTH		9 AGE (In years	IF UNDER	-	40.0	
	F	emale	White	WIDOWE			9-15-1876		last birthdoy) 85 yrs.	Months	Days	Haurs	Min.
	10a	. USUAL OCCUPATION	V (Give kind of work	done 10b.	KIND OF BUSINESS OF	INDUST	RY 11. BIRTHPLACE (State	or foreign o		12. CIT	ZEN OF	WHATCO	DUNTRY?
)		Housewif	ng life, even if retired		Home		Va.			U	SA		
	13.	FATHER'S NAME				**********	14. MOTHER'S MAIDEN	NAME					
2		Unknow	n (logh:	111		Unknow	n					
	15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT		Add	ress			
1	,	No	744, 910 110 11 110 11		None	No	orma E. Gr	eenwe	ll Sa	me #	2		
,		PART I. DEAT	H (Enter only one co H WAS CAUSED 8Y: IMMEDIATE CAUSE to		le for (p), (b) and (c).]	de	Coline				ONS	RVAL BET ET AND	DEATH
		Conditions, if on gave rise to im couse (a), stating the	mediate DUE TO		Pesebral	0 1	Vaseube	an	endia f	-	5	day	~
	CATION	PART II: OTHI	FR SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT N	IOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PAR	T 1(o) 19	P. WAS A PERFOR	RMED?
1	CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED	(Enter noture of injury in	Port I or Pa	rt II of item 18.)				
1/10	MEDICAL	20c. TIME OF INJURY Haur a.m. p. m.	Manih, Day, Yee	20d. IN While of worl	Not while	20e. PLA foct	TE OF INJURY (Hame, fari pry, street, affice bldg., et.	n, 20f. (Cit	y or town)	(1	County)		(Stote)
		21. I certify that	(I) (this hospital) attend	led the deceased t	from	10/6 19	6/ 10.	10/01	19	, thi	ot (I) (v	ve) last
6		saw the decease	d alive an AC	2/5	19, and	that de	ath accurred at	M, from	the causes or	nd an the	e date	stated	abave.
6	0	220. SIGNATURE	in fack			M	D. ATTENDING D	AED.	STAFF PHYS.	450		22b	DATE SIGNED
16		22c. PHYSICIAN'S NAME (Type)	Lewis Pa	rker			22d. ADDRESS 5241 S	t. Ba	rnabas	Rd.	emp M	le h	1111
1	23a	BURIAL, CREMATION	, 236, DATE THEREC	F	23c, NAME OF CEME	TERY OR	CREMATORY	23d. LOCA	TION (City, town,	or county)		(State)
1		"BYSYS'L'SETIFY)	11 Oct	61	Cedar H:	ill	Cem.	Su	itland,			Md.	
	24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		73 19	D BY REGIS	TRAR 25b, REG	STRAR'S SI	GNATUR	E	
	L	ee Funera	al Home	300-	-4th St. I	N.E.	D.C. DATE	CT 11	61	Thun 8	Kan	25	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) I. PLACE OF DEATH a. COUNTY b. COUNTY e. STATE PRINCE GEORGES MARYLAND and b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) Š write RURAL and give nearest town) 34 DAYS ALEXANDRIA CITY papers. Pages I n 72 hours after ANDR WS AIR FORCE BASE Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS USAF HOSPITAL ANDREWS AFB WASH 25 DC OVERLOOK etely 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 8/23/06 last birthday DIVORCED WIDOWED IDe. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) MASSACHUSETTS NONE HOUSENIE 14. MOTHER'S MAIDEN NAME please ding WilliamKEOUGH Mary C Then F 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, Mor unkown] (If yes give werendetes of service) SAME AS ITEM #2 NONE HUSBAND ithe 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: physic IMMEDIATE CAUSE (a) DUE TO affending Conditions, if any, which (6) gave rise lo immadiala causa DUE TO (a), stating the underlying hospital or as certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEMMINAL DISEASE CONDITION GIVEN IN PART I(e) CERTIFICATION 80 anemica prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) tained by 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm,) 2Df. (City or lown) Month, Day, Yeer fectory, streat, office bldg., etc.) While Not While al work al work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. 19 and that death occur d an e.M, from the causes and on the date stated above. saw the deceased alive on..... 220. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. SPITAL Sift. Page 4 FUNERAL 22d. ADDRESS PHYSICIAN'S NAME (Type) USAF HOSP, ANDREWS AFB, MD

di. 0 VR A15 (4) 15M 9/60

23e. BURIAL, CREMATION, 23b. DATE THEREOF

24 FUNERAL DIRECTOR'S SIGNATUR

BLADENSBURG FTLINCOLN CREMATOR 258. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE arthur & Krous

23c. NAME OF CEMETERY OR CREMATORY

. IS RESIDENCE

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

AUT OPS

NO J

(State)

22b. DATE

(Steta)

MO

SIGNED

19. (I) (we) last

PERFORMED?

12. CITIZEN OF WHAT COUNTRY?

Months

Davs

(County)

23d, LOCATION (City, town or county)

IF UNDER 24 HRS.

ON A FARM? YES NO NO

HAMELAND A STREET HAME THE REPORT OF THE PARTY OF THE PARTY AND THE PARTY. HAT A THE PARTY OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission) a. COUNTY or. Page a. STATE Maryland Prince George's Prince George's MARYLAND b. CITY OR TOWN lif outside corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town] 2 days Greenbelt Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital 4 C Plateau Place YES NO X Middle 4. DATE DECEASED Rebecca Baine October Anna (Type or print) DEATH 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 2 will last birthday) Female WIDOWED [October 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None Maryland U. S. A. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Carlos Baine Julia Mae Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na or unkawn) (If yes give werer detesofservice) Nome George Carlos Baine, same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), [b], and (c),] INTERVAL BETWEEN fransit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pnuemonia IMMEDIATE CAUSE (e) DUE TO Ingestion of furniture polish gava rise to immediate cause DUE TO (a), steting the underlying ild be used in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e); 19. WAS AUTOPSY PERFORMED? P 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. Drank some furniture polish 20d. INJURY OCCURRED # 20s. PLACE OF INJURY (Home, form. (County) 20c. TIME OF INJURY 20f. (City or town) factory, street, office bldg., etc.) While Not While R: Pa 1061 OR: P et work at work Home Greenbalt P. G. 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | T. Inquiry DE please amecula the certificate to a should be forwarded to be forwarded to be funeral birector for its designated agent, p death resulted from: Accident X. Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 10/15/61 EXAMINER'S NAME (Type) ames I. Address (Street, city, lown, or county) 226. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) 228. BURIAL, CREMATION. REMOVAL (Specify) 10/16/61 240 9 Burial Ft. Lincoln Colmar Manor, Md. 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR

Hyattsville, Maryland DATE OCT 1 8 '61

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VS. AISME 5M 9/60

Francis Gasch's Sons

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

CEPTIFICATE OF DEATH

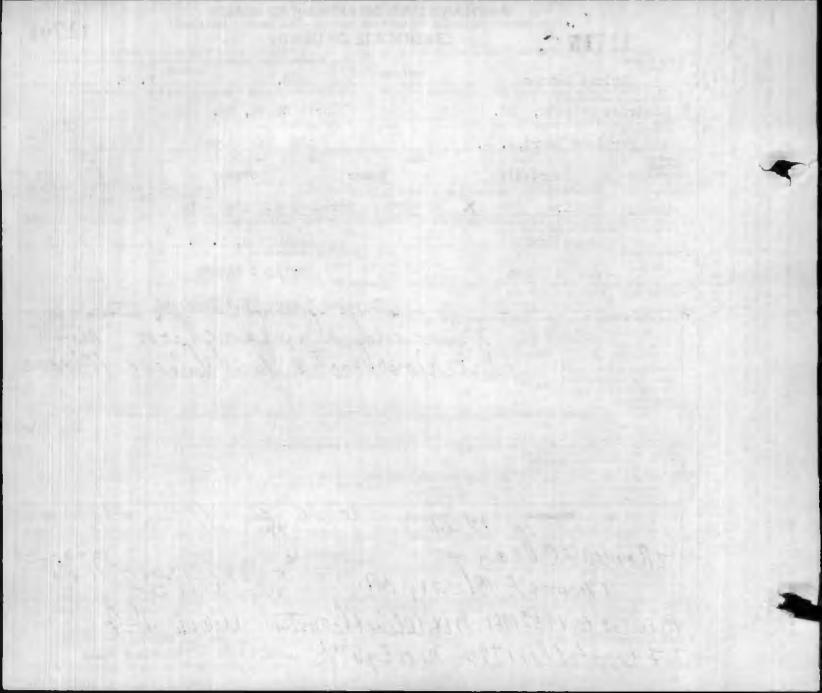
11701

arthur S. Kraus

-0	1111) CERTIFICATE OF DEATH
RA.	1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
VI	Prince George Maryland O. STATE Md. B. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
	RURAL ond give negres! town) District Heights. Md. North Beach. Md.
1	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION S517 Parkland Court.S. E. 619 5th Street ON A FARM? YES NO
	3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year
	(Type or print) Anastasia Bakar Dosetter 22nd 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months Days Hours Min
	Female White WIDOWED DIVORCED November 9th 1880 80 yrs. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTR
	House Work Washington, D. C.
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
I)	John Mc Mahon Bridget Sheedy
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) If yes, give wor or defec of service)
	Alovsius Baker 5517 Parkland Court
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
	PART I, DEATH WAS CAUSED BY: ONSET/AND DEATH
	IMMEDIATE CAUSE (o) PUE TO DUE TO DUE TO
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	gove rise to immediate (b) AT Ello State Media distribute of general control of the control of t
	couse (o), stoling the under-
	lying couse lost.) (c) 1
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED.
0	VES □ NO €
~	206. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State of the county) (State of t
	Hour a. m. While Not while factory, street, affice bldg., etc.) p. m. While Not while ot work of two
	21. I certify that (I) (filts-haspital) attended the deceased from. 10-10, 1961, to 10-1, 1961, that (I) (ma) la
	saw the deceased alive an 10 -17 1961, and that death accurred at 25M, from the causes and an the date stated above
8	220. SIGNATURE 22b. DATE
	Thomas TCleary M.D. ATTENDING MED. STAFF PHYS. 3. 19-22 SIGNI
	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
	NAME (Type) Thomas F. Cleary MD Wash 28DC
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c; NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 19wn, or county) (Stote)
	REMOVAL (Specify) (O-V25-1961 MX (Olivex X) Ounty 11/10/1.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	The Locality of the Control of the C

ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital at attending physician.

VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11718

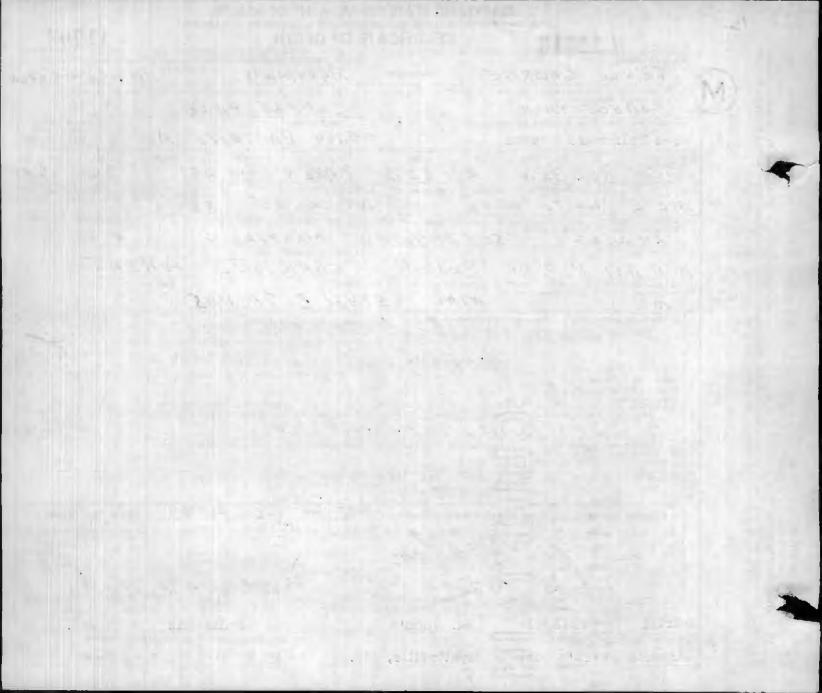
11702

1. PLACE OF DEATH O. COUNTY O. PRINCE GEORGE MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE BARSVIAND b. COUNTY PR. NCE-6E ORG.						
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION 9604 Baltimore Avenue	d. STREET ADDRESS 9664 BATTIMORE AVE. 6. IS RESIDENCE ON A FARM? YES NO DE						
3. NAME OF DECEASED (Type or print) REGBEN AIFRE	D BAKER 4. DATE Manth Day Year 30 196/						
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MA/E WH/TE WIDOWED DIVORCED	DEC-29-75 Syrs. Manths Doys Hours Min.						
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM, NG SEIF EMPLO	YED MARYIAND U.S.						
WILLIAM ROBERT BAKEK	2 CHARIOTIE WHEAT						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes, give wor or dolles of service) (Yes, no. or unknown) (If yes, give wor or dolles of service)	ETHEL B. THOMAS						
18. CAUSE OF DEATH [Enter only one couse per time for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LEEBER PROPERTY ON SET AND DEATH ILLERAND DEATH							
Canditions, if any, which) (b) General Carterio Delerone undellaring							
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO Cc Cc Cc Cc Cc Cc Cc C							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTO PERFORMED 20a. ACCIDENT WAS UNDERLYING 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part I ar Part II of item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)							
						20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2 Haur a. m. While at work at work	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Slote) factory, street, affice bldg., etc.)
1 m - 1 m -	21. I certify that (I) (this hospital) attended the deceased from December 1944, to Oct 30, 19.61, that (I) (we) last						
220. SIGNATURE WITHOUT Maler	ATTENDING MED. STAFF 1/-1-6 SIGNED						
22c. PHYSICIAN'S NAME (Type) L.M. Malin	AD 22d. ADDRESS Buerdale, 24 d.						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME BUFFIAL St. John	TERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) (State) Beltsville Md.						
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE						
Francis Gasch's Sons Hyattsville	e. Md. DATE NOV 6 '61 Orthur & Frank						

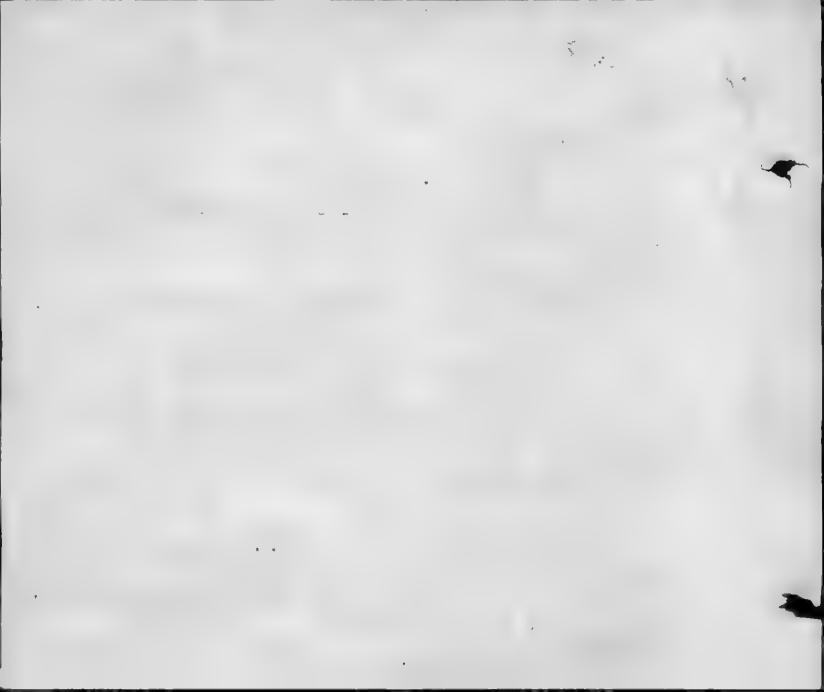
TO AD SELECTOR: After this certificate has been signed by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in ony event, within 72 haurs ofter death.

VR A1S (4) 15M 9/59

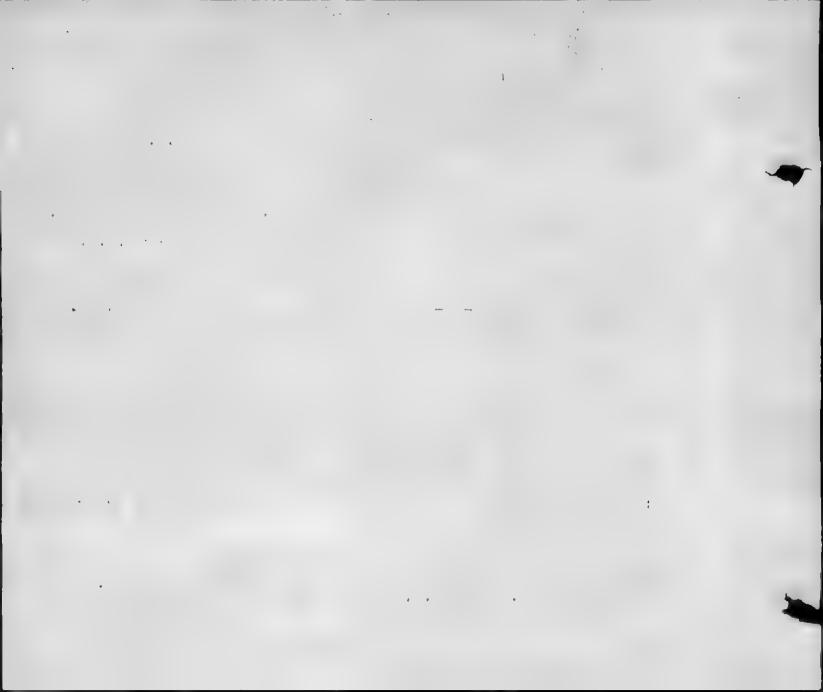


419	Item 18 Film 298 10-MARYLAND STATE DEPARTMENT OF HEALTH
- 1 x	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	11717 CERTIFICATE OF DEATH 13703
certificate be exacted within 24 hours after hysician and compilely filted in by the funeral remove carbon pagers. Pages I and 3 chould any even within 72 hours after death	1. PLACE OF DEATH a. COUNTY Prince George's MARYLAND b. CHY OR TOWN (if outside corporate I mirs, withe RURAL and give mearest lown) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address, Prince George's General Hospital NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address, Prince George's General Hospital NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address, Prince George's General Hospital NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address, Prince George's General Hospital NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address, Prince George's General Hospital NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address, Prince George's General Hospital NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address, Prince George's General Hospital NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address, Prince George's General Hospital NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address, Prince George's Assistance before admission is country. Bartilson Part Of Town (if outs de corporate limits, write RURAL and give maerest town) NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address, Prince George's Assistance or Foreign country) A DATE OF BIRTH 9. AGE (In years' if UNDER 14 PR. Institution Residence before admission is country) 10a USUAL OCCUPATION (give admission in prince George's CHYPATAL and Give maerest town) 10a USUAL OCCUPATION (give admission in prince George's CHYPATAL and Give maerest town) 10a USUAL OCCUPATION (give admission in prince George is country) 10a USUAL OCCUPATION (give admission in prince George is country) 10a USUAL OCCUPATION (give admission in prince George is country) 10a USUAL OCCUPATION (give admission in prince George is country) 10a USUAL OCCUPATION (give admission in prince George is country) 10a USUAL OCCUPATION (give admission in prince George is country) 10b USUAL
death o	Benjamin M Bartilson Mary Jones
I. The law requires that the derivational physician. That been signed by the attendie burial-transit permit. Then plurial, cremation, or removal, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) (Ifyesgava warordalesofservice) YES 1918-1919 Ruth Bartilson Hillmede Rd Bowie Md. 18. CAUSE OF DEATH [Enter only one cause per line for .a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause (a), stating the underlying cause last. (c)
AL OR ATTENDING PHYSICIAN 5 4 may be retained by the hospital or AL DIRECTOR: After this certificate ge 3 should be detached for use as the the State Dept. of Health prior to but	PART II. OTHER SIGN.F.CANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20a. ACC.DENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OF COUNTY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II or Part I
TO H death. 7590 WER TO FUNERA death. 7590 director, paging the filled with	NAME (Type agron Deitz 1311 Gallatin Street, Hyattsville, Md. 238. SURIAL, CREMATION, 235 DATE THEREOF REMOVAL (Specify) Oct 12, 1961 Arlington National Arlington Va 24 FUNERAL DIRECTOR'S, SIGNATURE ADDRESS ADD



PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission) e. COUNTY e. STATE cessary, or, Page COUNTY Prince George's of Columbia District MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, write RURAL and give nearest town) write RURAL and give nearest town) Riverdale Washington e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Boa ON A FARM? 4011 3rd Street Apt YES NO Leland Memorial Hospital NAME OF 4. DATE Month Year DECEASED OF (Type or print) DEATH October 61 Beall 19 Albert Lee 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HR5. 5. SEX last birthday) 28 yr. 8,1933 WIDOWED [DIVORCED N 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) District of Columbia Truck Helper pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PM3 Ruth Elizabeth Sorrell Alfred Beal File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 4310 Tefferson Street permit. (Yes, no, or unknown) (If yes give we ror detes of service) Beall, Hyattsville, Md. Virginia 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (6) HPMOYMAZER DUE TO SUNSHOT RICYUD gave rise to immediate cause ID. DUE TO (e), stelling the underlying nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? leal in the second NO -208. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. an altercation Shot hot during e con Page 20c. TIME OF INJURY Month, Day Year 2Do, PLACE OF INLURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hvattsville at work partment 21. I certify that I look charge of the remains described above, held an Autopsy XI. Inspection 3. Inquiry y and in my opinion 20 Suicide Homicide 50 Undetermined manner death resulted from: Natural causes Accident forwarde L DIRE CHIEF MEDICAL EXAMINER should be forward to FUNERAL DI ALC: PUBLIC DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE .. DEPUTY MEDICAL EXAM NER TO 27, 1961 NAME (Type) M.D Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22c. (State) Q40 p 1111 24b, REGISTRAR' ADDRESS AUNERAL DIRECTOR VS. AISME

MARYLAND STATE DEPARTMENT OF HEALTH



TO DEFETY METCAL EXEMINE. This certificate should be executed within 24 hours after death. Vary delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of fleath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDS MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1,	PLACE OF DEATH		2. USUAL RESIDE	NCE (Where daceased livad, Il ins	ititution Residence before admission)		
		_ MARYLAND	•. STATE Mary	land b. county	rince George's		
	b. CITY OR TOWN (if cursion corporate 1 m rs. SC write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write R			
	_ West Lanham	Transient	Bowle		14.		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give streat eddress)	d. STREET ADDRES	5	0. IS RESIDENCE		
	7730 Annapolis Road		803 Che	stmut Avente	YES NO		
3.	NAME OF First	Middla	i oo you	STRUT_Avente	Day Year		
	(Type or print) Sylvester	Carroll	Bell	DEATH Octobe	r 17, 1961		
5.	SEX 6. COLOR OR RACE 7. MARR	IED X NEVER MARRIED 8	. DATE OF BIRTH	9. AGE tir years lif-	UNDER FYEAR IF UNDER 24 HRS.		
	Male White wipow		March 1.	1897 64 yrs.	Aonths Days Hours Min.		
10	a. USUAL OCCUPATION (Give kind of work 10b. one during most of working I fe, even if refired)	KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?		
"	Engineer Lo	cometive	Marylar	nđ.	U. S. A.		
13	. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	man warman		
	Ezekiel Bell		Vanie (Charters			
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17, 1	NFORMANT	Address			
1	No	Ma	deline Bel	Ll. same as #	2		
-	18. CAUSE OF DEATH [Enter only one cause par	lina for (a), (b), and (c).)			INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cute congest	ive heart	failure	ONSET AND DEATH		
	DUE TO						
	Conditions, if any, which \ (b) Coronary artery disease						
	gave rise to immadiate cause (a), stating the underlying DUE TO						
		ardiovascula;	r renal di	sease			
NO O	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY		
CAT					PERFORMED? YES NO		
CERTIFICATION	20a EXTERNAL CAUSE WAS 20b. DESC	RIBE HOW INJURY OCCURED. (E	inter nature of injury In P.	art for Part II of item 18)			
	CAUSE OF DEATH.						
MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d.	INJURY OCCURRED 20s. PLA	CE OF INJURY (Homa, fa		(County) (State)		
MED	p.m. 19 al wo		ory, most, office orag., c.	···			
	21. I certify that I took charge of the re-	nains described above, he	ld an Autopsy	Inspection con Inquiry	and in my opinion		
	death resulted from: Natural causes	, Accident . Suice	de 🔲, Homicide	Undetermined man	ner 💮		
	,		CHIEF MEDICAL	L EXAMINER			
1.4	SIGNATURE VO	D Dond	M.D. ASSISTANT ME	DICAL EXAMINER	DATE SIGNED		
	EXAMINER'S		DEPUTY MEDIC	AL EXAMINER 10	/18/61		
	NAME (Type) James I.	Boyd	Address (Street	. city, lown, or county)			
128	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or			
97	Burial Oct 21, 1961	Ft Lincoln Co	metery	Colmar Manor,			
23	Li a	ADDRESS			RAR'S SIGNATURE		
	Tangen a cons nya	tsville Md.	O)OTAD	T 2 0 '61	1 Lettima.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY o STATE **b.** COUNTY MARYLAND PRINCE GEORGES MARYLAND PRINCE GEORGES b City OR TOWN (If autside corporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest town) RURAL and give nearest town) (σ) 21 HOURS ANDREWS AIR FORCE BASE ANDREWS AIR FORCE BASE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO US AIR FORCE HOSPITAL LOT 83. BASE TRAILER COURT NAME OF Middle Month Year Day DECEASED DEATH (Type or print) MICHAEL WAYNE BICE OCTOBER 15 19 61 運 IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 9. AGE (In years lost birthdoy) 7. MARRIED NEVER MARRIEDXX DATE OF BIRTH eleiy Months MALE CAUCASIAN WIDOWED DIVORCED | 14 OCTOBER 1961 yrs. ğ papers camp 10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? NONE NONE MARYT.AND UNITED STATES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GROVER A BICE BETTY M WARD 17, INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address SAME AS ITEM #1 NO NONE MEDICAL RECORDS INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CEREBRAL ANOXIA 21 HR 7 MTN IMMEDIATE CAUSE (o) 1.13.0 DUE TO RESPIRATORY FAILURE Conditions, if ony, which (b) регш remov gave rise to immediate DUE TO cause (a), stating the underlying cause last. physic an. been si burial-transit Ъ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 19 WAS AUTOPSY emation, PERFORMED? has YES 🔀 NO 🗌 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Doy (County) (Stote) factory, street, office bldg. etc.) Hour o m. While Not while at wark at work 21.1 certify that X) (this hospital) attended the deceased from 14 OCTOBER, 19.61, to 15 OCTOBER, 19.61 that X) (we) last ed sow the deceased alive on 15 OCTOBER 19 61, and that death accurred of 230AM, from the causes and on the date stated above tay be remined by the FUNERAL DIRECTOR: 22a SIGNATURE 226 DATE SIGNED ATTENDING PHYS DIRECTOR [PHYS X M.D. OCT 61 22c. PHYSIC: AM 22d ADDRESS NAME A pe JOSEPH R GOVI, Captain USAF MC USAF HOSPITAL, ANDREWS AFB, WASH 23c, NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 236, DATE THEREOF 23d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) t ken to D.C.Morgue -160ct61 - 19 & E Sto.S.E. wash.D.C. Body Cremation 0 25b. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o REC'D BY REGISTRAR DATE OCT 1 9 61 Clother S. Hours 1SM 9/59

after death

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e attending pt. Then please r oval, and in a

4 may be retained DIRECTOR: 3 should be deleted.

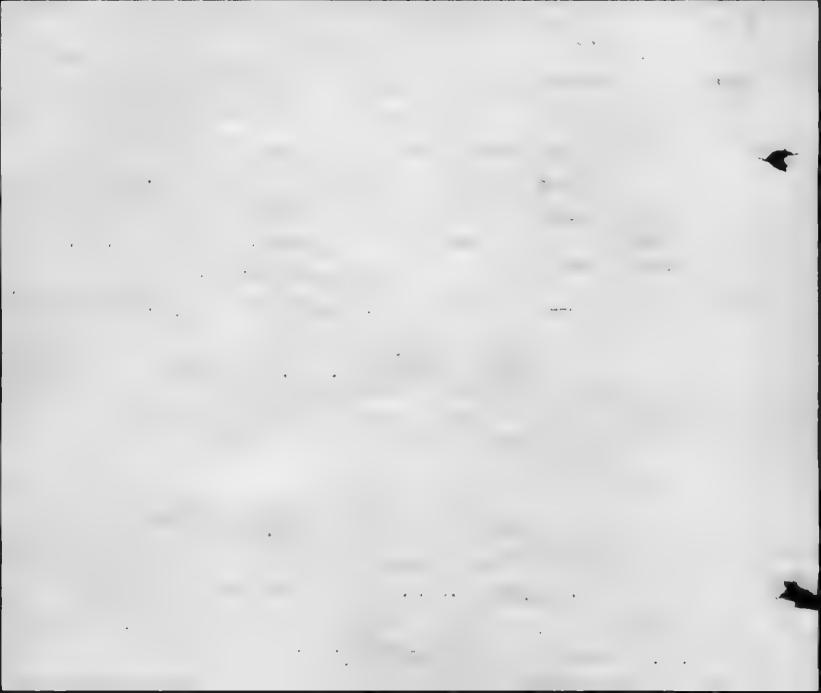
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MARYLAND STATE DEPARTMENT OF HEALTH

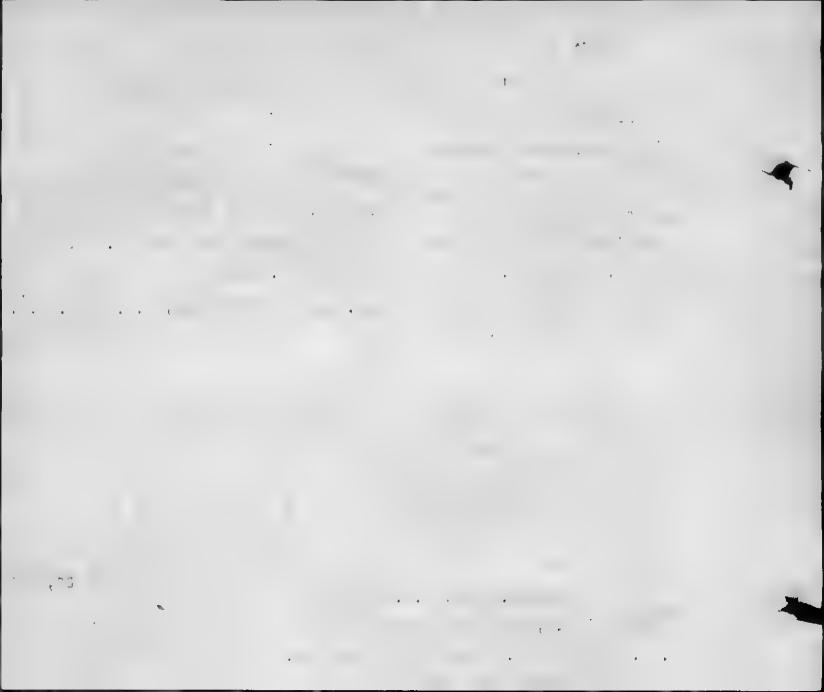


T	MARYLAND STATE DEPARTMENT OF HEALTH
1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	11722 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where discessed lived, If 'institut on Residence b. fore admission)
5.8 % E 1	a. COUNTY Prince George's Maryland b. COUNTY b. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 1b) C. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 1b)
A Table	
odr.	write RURAL and give nearest town) Cheverly Pead on Fairmont Heights
1.4 5 B Q A	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS
elay aral d fo	ON A FARM?
funding dine	3. NAME OF First Middle last LA BETF
o ti o o	DECEASED
4 2 2 4	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN YORK IF UNDER 24 MS.
dead 3 very will say	Tomas Chart 1994 Months Devs Hours Min.
ter 7, ar 10, ar 10, ar	Male GQLOPEQ WIDOWED A DIVORCED DELIVERLY LOST yrs. 100. USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
72 and 72 72	dona during most of working life, even if ratified)
our Pes 1 nir	Laborer Farm Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Pag Pag wiil	The land and
Gin Gin	OHIMIO WIL
188. For 16. For 18. F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC.AL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) [Hyesigive war or detes of service] None Mildred Nichols, same as # 2
em with with	
and	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), end (c) PART . DEATH WAS CAUSED BY: ONSET AND DEATH
cil i	PART . DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure ONSET AND DEATH
d benice ice	442 X DUE TO
or Port	Conditions, if any, which (b) Cardiovasoular renal disease
re s re s	gave rise to immediate cause (a), stelling the underlying DUFTO
cate andine ad a	cause lest. (c)
"por use lion.	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6) 19. WAS ALTOPSY PERFORMED?
is conditional in the second i	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6) 19. WAS ALTOPSY PERFORMED? YES NO
edic ould	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part I of claim 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
A Series	
hie bu	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) [County) (State) Hour a m. While Not While lectory, street, office bidg, etc.]
Pag r to	Hour a.m., While Not While lectory, street, office bldg , etc.) '
US 등 등 등 등	21. I certify that I took charge of the remains described above, held an Autopsy Inspection I Inquiry I and in my opinion
Him bit to	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
o cert arde REC agent	CHIEF MEDICAL EXAMINER
E S C D	ACTUAL ACCIVATION ACCI
cuite de la contra del la contra de la contra de la contra del la contra del la contra de la contra de la contra del	SIGNATURE
SUT Id H HER Jesig	EXAMINER'S NAME I. BOYD, M.D. DEPUTY MEDICAL EXAMINER COCTOBER 31, 196
Pour Pront	22e. BLRIAL, CREMATION, 27b. DATE THEREOF 27c) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
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VS, A15ME 5M 9 60	Beren & James James Hours of 161 Onther S. Krone
J/N 7 00	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH

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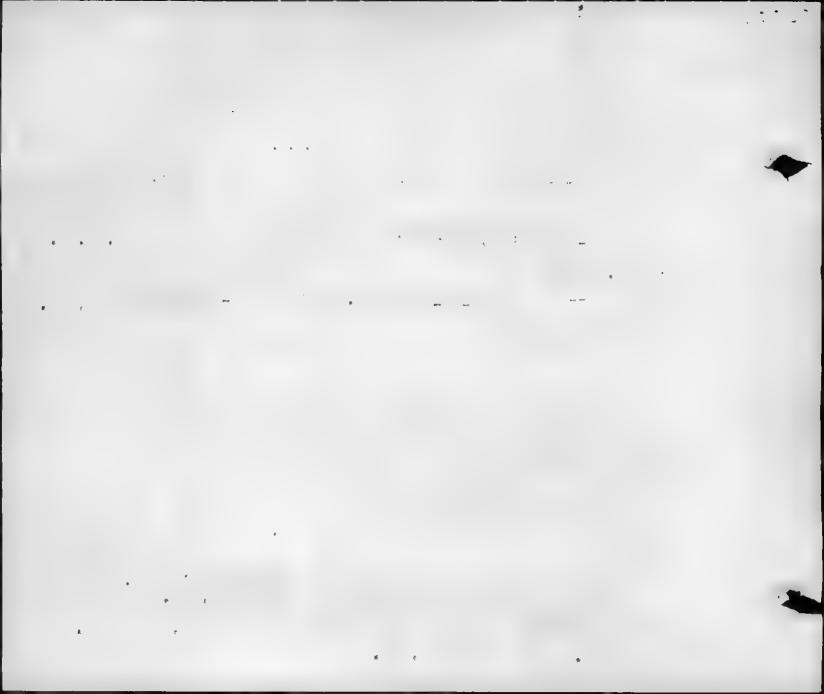
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n by the funeral director, and 2 should be filed with	1.	PLACE OF DEATH			
n by the foneral directorn a 2 should be filed with	'	Pri	nce Geor		MAR'
Pe a Pe		b CITY OR TOWN (If RURAL and give nec		ımıts, write	c LENGTH OF STAY
for	_		everly		9 days
4 K C)	77	d. NAME OF HOSPITA OR INSTITUTION			· ·
and a	_		nce Georg		eral Kospi
°		NAME OF DECEASED		First	Middle
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the attending physician and completely fills. Then please remove carbon papers. Pages and in any event, within 72 haurs after death	5. 3	SEX	6 COLOR OR RAC		IED NEVER MARR
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and bon g	L	Carpente	er -Emplo	oy'd (Construct
in Z	13.	FATHER'S NAME			
	L	Henry J.	Brady		
\$ \frac{1}{2} \fra	1\$ (Yes	WAS DECEASED EVER	IN U.S. ARMED F tyes, give war or dates	of service)	SOCIAL SECURITY NO
attending physician please remove car in any event, within		NO		5'	79-14-637
end ony ony					ne for (a), (b), and (c)
5 G.S		PART 1, DEAT	H WAS CAUSED BY		11177
all an otherwise physician by the attending physician and completely filler his certificate by signal by the attending physician and completely filler to use as the burial-transit permit. Then please remove carbon papers. Pages 1 to burial, cremation, or remaval, and in any event, within 72 haurs after death.		120.1	DUE	TO	
it. by		Conditions, if on		(b)	
Seria May		gave rise to in couse (b), stating t		TO	1.75
sii p		lying couse lost.)	(c)	Co year
sicu sicu in, o	S S	PART II OTH	ER SIGNIFICANT CO	ONDITIONS C	ONTRIBUTING TO DE
r ne law aquites in applysician and plysician by burial-transit permit. remation, or remavol,	Y.				
No. The law majorities in diding playsication of the burial-transit permit. cremation, or remavol.	CERTIFICATION	20a ACCIDENT WAS	UNDERLYING	20b. DESC	TRIBE HOW INJURY O
fical fine the al. o		(IF EITHER, NOTIFY	MEDICAL EXAMINE	R)	
or offer certific e as the burial,	WEDICAL	20c, TME OF INJURY	Month, Doy,		NJURY OCCURRED
bis control of the bis control o	MED	Hour o.m.	1	9 Of worl	k 🔲 ot work
		21 certify that	(I) (this haspi	tal) attend	led the deceased
A A A		saw the decease		10/4	19_6/, and
y the h TOR: A detache Health		22a. SIGNATURE	1	7	J.
of the Coy		4	1.	it to	1. 2 107
Trained by the host pal an otherding plysician with the media physician and completely fills. **AL DIRECTOR: After this certificate has burial-transit permit. Then please remove carbon papers. Pages should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death the prior to burial.		22c. PHYSICIAN'S	33 Pm 3	11 ;	11211
AL hou		NAME (Type)	(-+ 3 H;	12 /	1421.
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Ritchie Bros.

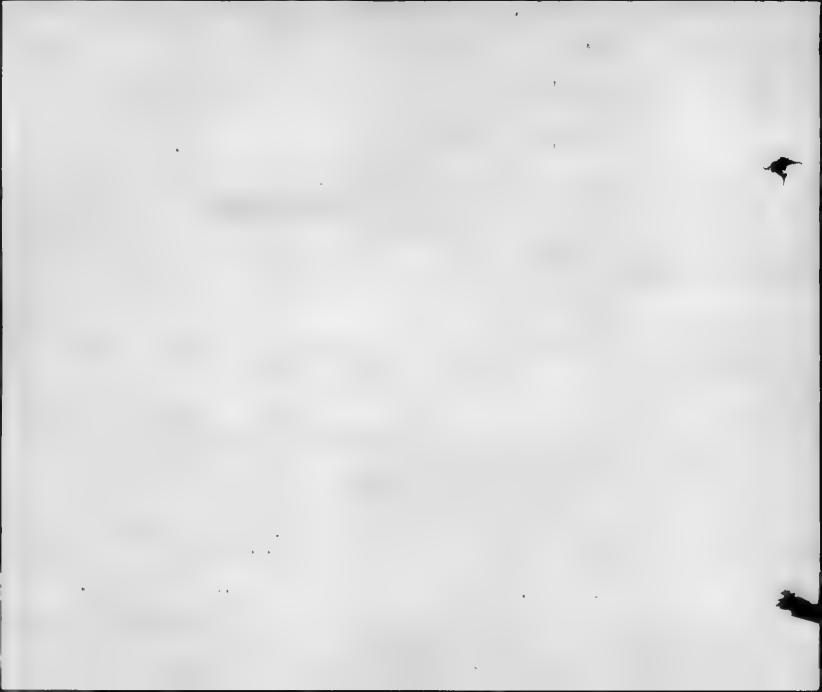
CERTIFICATE OF DEATH							
PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
o. COUNTY Prince Georges	MARYLAND	o. STATE Maryla	nd b. COUNTY	Prince Georges			
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	Cocity OR TOWN (If or	utside corporate limits, write RU	RAL and give nearest town)			
Cheverly	9 days	Upper 1	Marlboro				
d. NAME OF HOSPITAL (if not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
Prince Georges Gene	eral Hospital	R.F.D.	Box 2815	YES NO NO			
NAME OF First	Middle	Last	4. DATE Monti	h Day Year			
(Type or print) Want Van	Henry	Brady	DEATH Oct	1961			
SEX 6 COLOR OR RACE 7 MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS			
Tale White WIDOWE	D DIVORCED	20 May 1912	lost birthday)	Months Days Hours Min.			
du USUAL OCCUPAT ON (Give kind of work done 10b. K during most of warking life, even if retired)	CIND OF PUSINESS OR INDUS	TRY 11, BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Carpenter -Employ'd C	construction	Maryland		U. S. A.			
. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
Henry J. Brady		Agnes	Watson				
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		FORMANT	- RFD BOX	** 28 1 5			
NO 57	/9-14-6376 [™]	rs. Mamie B	rady-Upper M	arlboro, Md.			
18. CAUSE OF DEATH [Enter only one cause per line		, ,	, 1	INTERVAL BETWEEN			
PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ONSET AND DEATH							
20.) DUE TO put to thromboe							
Conditions if any which	7	1	montes	Å 3			
gave rise to immediate		.,					
lying couse lost.	Copenia	African Har	Killing. Rid	a restruct			
PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTOPSY			
	The fact was a			PERFORMED? YES NO I			
200 ACCIDENT WAS UNDERLYING [206. DESC	RIBE HOW INJURY OCCURRED). (Enter nature of injury in P	Part 1 or Port II of item 18 }				
OR CONTRIBUTING CAUSE OF DEATH							
20c. TME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While	San	ACE OF INJURY (Home, farm, tory, street, affice bldg., etc.	, 20f. (City or tawn)	(County) (State)			
p. m. 19 of work							
21 I certify that (I) (this haspital) attende	ed the deceased fram	9/25 19	61,10/0/4	_, 19.6.L, that (I) (we) last			
saw the deceased alive an 10/4	19. 6/, and that d	eath accurred at 12.	05.4Mm the causes and	I an the date stated above			
22a. SIGNATURE	j'	ATTENDING	TAFF	22b.DATE SIGNED			
" it is	1		RECTOR PHYS X	10/4/61			
22c. PHYSICIAN'S NAME (Type)	1236 Ym	22d. ADDRESS Pr	ince Geo's G	en. Hospital			
17 5 17/6	1 1/2/J, 1 4/1(.		everly Md.				
Bo. BUR AL, CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY OF		23d. LOCATION (City, tawn, o	r county) (State)			
REMOVAL (Spec fy) Burial 10/7/61	Cedar Hill	Cemeterv	Suitland.	Md.			
FUNEDAL DIDECTOR'S SIGNATURE	ADDRESS	The state of the s		TRAP'S SIGNATURE			

Upper Marlboro, Md.

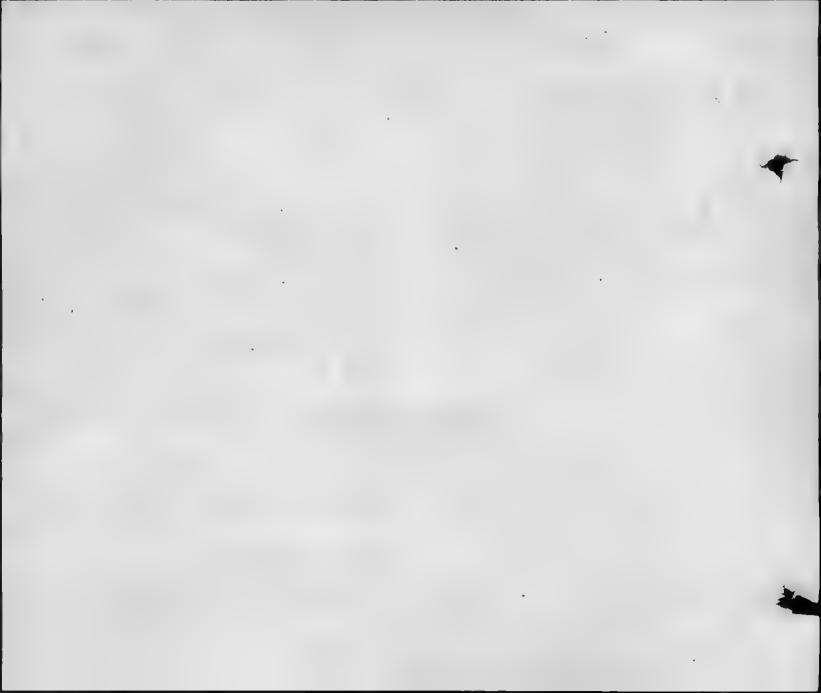


OF STATISTICAL RESEARCH AND RECORDS STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral USUAL RESIDENCE WING deceased lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Prince George's by the tand 2 sideath. Prince George's Maryland MARYLAND b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) davs Lanham Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress TREET ADDRESS m. IS RESIDENCE ON A FARM? Prince George's General Hospital Fairview Ave. YES NO X 3. NAME OF DATE 4. DECEASED OF DEATH October (Type or prin) 196] Brown, Walter 5 SEX COLOR OR RACE T, MARRIED GE (n years NDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED idhday) onths Days Hours Min. Colored W DOWED K Male 10a USJAL OCCUPATION (Give kind of work ≡hysician , KIND O SINESS OR INDUS done during most of warking life, even if reti Retired Trackman II.S.A. Seabrook, Md. attending at Then please r val, and in a 13. FATHER'S NAME MOTHER'S MAIDEN NAME Walter Brown, Dr. Miarah Chase 16 SOCIAL SECURITY NO Then Address removal, (Yes, no, or unkown) i (Ifyes give war or dates of service) attending physician. as been signed by the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUE TO chrome fugle la laffent Conditions if any, which certificate has been (b) gave rise to immediate causa **DUE TO** (a), stating the underlying cause last. PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY CERTIFICATION 200 ACCIDENT WAS JNDERLYING , 2Db. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TI CAUSE OF DEATH the R: After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) Month Day Year (County) Not While factory, street, office bldg., etc.) While 4 may be retaine DIRECTOR: / 3 should be det at work at work 2 ..., 1961, that (1) (we) last 196/ to 10 . 6/., and that death occured al6255M, from the causes and on the date stated above. saw the deceased alive on ... should State 22a, SIGNATURE 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME (Type Sheridan St., Hyattsville, Md. Henry R. Wolfe director, p NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City, town or equally) (State) 23a. BURIAL CREMATION REMOVAL (Specify) ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE OLI B 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased I vad, If institution, Residence before admission) l director. Pas vour files. a. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate lim ts. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate) in is, write RURAL and give neerest town) write RURAL and give negrest fown) Laurel Laurel dela funeral d rad for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 421 Prince Georges State B Prince Georges YES NO K NAME OF Middie DECEASED with the CHARLES HASLUP (Typa or print) BITRMS DEATH October 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours LIF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) Male White Months WIDOWED (7) DIVORCED 10a. USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) (Retired) Salesman Marvland IISA Dept. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles S. Anna L. Haslup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (lifyes give wer or dates of service) Laure] John Beall. Georges Nο 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute-Congestive Heart . Failure DUE TO Cardiovascular renal disease 's Offi a bur remov Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1-0) 19, WAS AUTOPSY should be tial, crematic PERFORMED? NO XX 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of stam 18.) Clief Mec age 3 shot to burial, PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) Hour e.m. While et work at work 9 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection Inquiry XX and in my opinion death resulted from: Natural causes 🐷 Undetermined manner Accident Suicide 1 Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 0 X THE STATE OF DEPUTY MEDICAL EXAMINER Boyd NAME (Type) ames Address (Street, city, town, or county) 22¢ NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF (Stata) 40 9 ā VS. AISME 5M 9/60 Cirthur S. Hrank





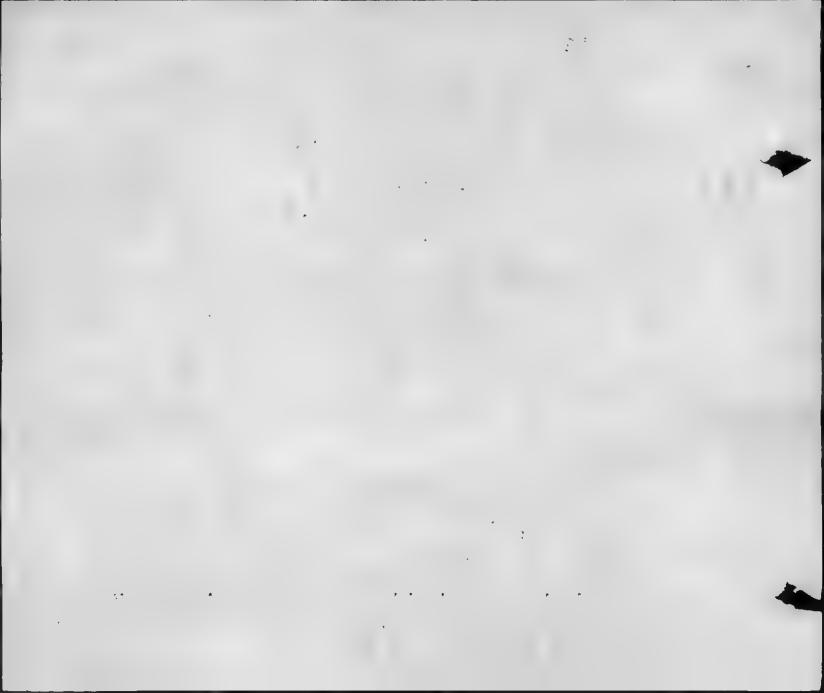
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MARYLAND STATE DEPARTMENT OF HEALTH

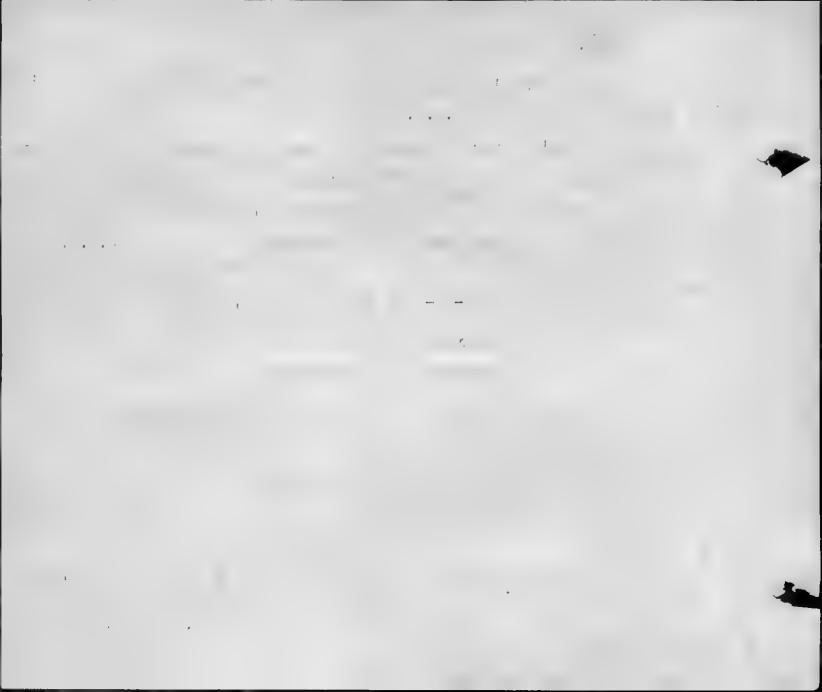
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11728 CERTIFICATE OF DEATH 11728

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. STATE b. COUNTY
Prince Georges MARYLAND b. CITY OR TOWN (If outside corporete 1 m ts, write RURAL and give nearest town) c. LENGTH OF STAY N 18	Maryland Prince Georges
Cheverly 11 days	Greencbelt
PrinceGeorges General Hospital 3. NAME OF PRINCEGEORGES GENERAL HOSPITAL	Joseph F Ridge Road North Dey Year
(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Chapman 8. DATE OF B.RTH October 13 19 61 9 AGE (In yeers FUNDER 1 YEAR FUNDER 24 FRS. lest birthdey Months Days Hours Min.
Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (G.ve kind of work done during most of working life, even if retired) Chemist WRYLAND UNIVER	23 Sept. 1906 55 yrs.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORGS? 16 SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (Ifyasgivawarordatesofservice) 234-61-9269	Mrs Yelmo J. Chuman. Some as # 2
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Per Co-Colce 10 INTERVAL BETWEEN ONSET AND DEATH
Conditions, fany, which (b)	elesotu 14h Een
gave rise to immediate ceuse (a), stating the underlying ceuse lest. DUE TO (c)	
PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NO NO NO NO NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Pert I or Part I of Item 18.)
	LACE OF NJURY (Home, ferm, 20f. (City or fown) (County) (Sleta) ectory, straet, office bldg., etc.)
1	at death occured 8.2.10 MP from the causes and on the date stated above.
220. SIGNATURE MA C. Heintraut	ATTENDING MED. STAFF SIGNED M.D PHYS. DIRECTOR PHYS. 226. DATE 226. DATE SIGNED
NAME (Type) Dr. Wm.C Weintraub ., M.D.	9 E Parkway Rd. Greenbelt., Md
238. BURIAL, CREMATION, 236 DATE THEREOF 239, NAME OF CEMETER BENOVAL (Specify) Pot 16, 1961 Leongellash	ingley Memorial W. Hyallovelle, Ma-
W. W. Chambers Co. Newsclad	mas 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE



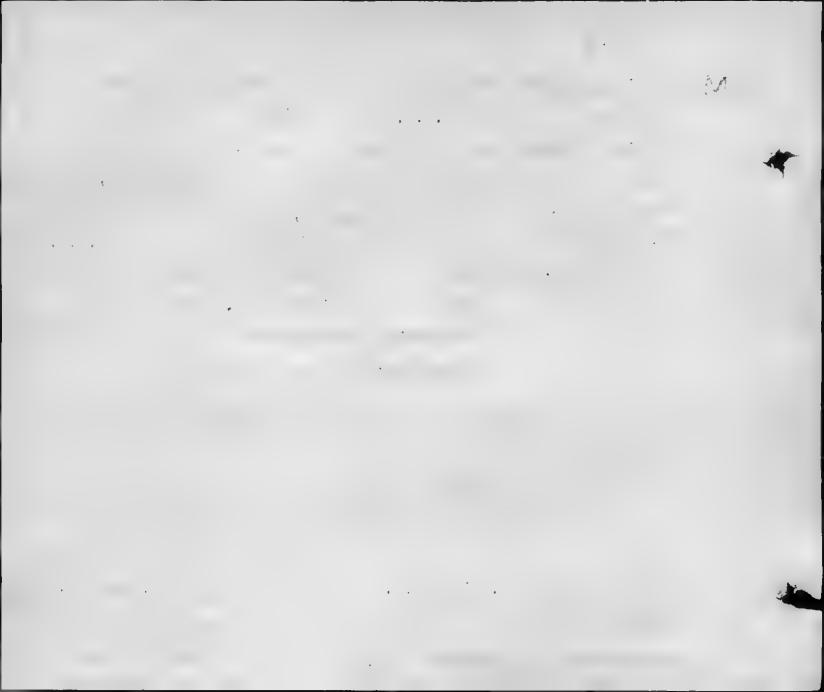
. 1	MARYLAND STATE DE	PARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
FOR STATE	11729 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	11714
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I ved, If institution: Re	esidence beloze admiss on
sary es. es.	Prince George's MARYLAND	* STATE Maryland Princ	e George'w
8 5 E	write RURAL and give nearest fown	c. CITY OR TOWN (II outside corporeta amits, write RURAL end	give neerest lown)
E E SEINI)	Cheverly D.O.A.	Bowie	*
ald dear for	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	o. 15 RESIDENCE ON A FARM?
ith ate	Prince George's General Hospital	6 West Maple Ave	YES NO
dea St	DECEASED (Type or print) Ellis Ignations	OF	27 10 61
th. it. it. it. it. it. it. it. it. it. it		DATE OF BIRTH 9, AGE (In years If UNDER 1)	
dea nay may wii wii		Land to Carlo March 2	eys Hours Min.
hog hog	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY		LEN OF WHAT COUNTRY
ars a 1, 35 1, 36 1, 36 1, 37 1, 72	done during most of working life, even if retired) Laborer Skilled		U.S.A.
Page 13. F	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	o.p.n.
7 8 4 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Frank Chittams	Viola Gertrude Thomas	
(事の) (10 mm) (11 mm)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. EN		
and white the service of the service		rank Chittams, Bowie, Mary	land
orute og w in a	18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
exe alon rang	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemperage and S	hock	
d be	U22X DUE TO		
Po Po Po	Conditions, if eny, which gave rise to immediate couse	Aneurism	
ding ding ding as as a	(a), stating the underlying DUE TO		1
panir panir panir panir panir	cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	Laur 19 WAS ANTODSY
LEX III	——————————————————————————————————————		PERFORMED?
This work dica	200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (En DESCRIBE OF DEATH.	lar nature of 'njury in Part I or Part II of Item 18.)	YES NO 1
Sho the Sho sho sho sho ish,	PRIMARY OF CONTRIBUTING CONTRIB		
Tring Shief Dun	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLAC	E OF INJURY (Homa, farm, 20f. (City or town) (Count	(State)
KAN % with	Hour a.m., Hour a.m., p.m. 19 19 19 19 19 19 19 1	y, street, office bldg., etc.)	
O D Trick	21. I certify that I took charge of the remains described above, held	an Autopsy 🔣 Inspection 🔼 Inquiry 🔀.	and in my opinion
State of the state	death resulted from: Natural causes Accident . Suicid	le . Homicide . Undetermined manner .	
war war i ag		CHIEF MEDICAL EXAMINER	
Marie 1 de la compansa de la compans	SIGNATURE RIMES). VOyal	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
Xect Xect SBA Sign	EXAMINER'S James I. Boyd		er 27,1961
Se e coulc	NAME (Type) CEMICS I. DUYL 22a. BURIAL, CREMATION, 722b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street city, lown, or country) CREMATORY 22d, LOCATION (Crly, town, or country)	(Stelle)
0 <u>7</u> 4 0 9 0 8 2 2 2	REMOVAL (Specify)		•
H 1 H	Burial 11/2/61 Arlington Nat	1 Cem. Arlington, Virrini	
VS. A15ME - 5M 9/60	Pohut F.M June 1820 9 55/1. W	DATE OCT 3 1 '61 C. Chun B. 7	
	10 cesa. V	Q-, - 10015	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY a. STATE **b.** COUNTY Prince Georges Prince Georges County b CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate I m is, write RURAL end give nearest town) write RURAL end give nearest town) D. O. A. Bowie Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g ve street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Georges General Hospital 9th Street YES TO NO TO DATE DECEASED (Typa or print) DEATH CLARK October 19 Rebecca 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 9. AGE IIn yours | IF UNDER 1 YEAR IF UNDER 24 HRS. age 5 may 1 and 2 wilth 72 hours al last birthday) Female | WIDOWED | DIVORCED 86 yrs. 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life even if relired)
House wife Own home Maryland U.S.A. pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nathan Thomas Wilcoxen Ann Elizabeth Brown 18. G. vith form bermit, Fyl File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no. of unkown) | (If yes give war or deles of service) Ann Lilly Clark. None same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), .b., end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Congestive heart failure IMMEDIATE CAUSE (a) r's Office al s a burial-tra removal, ar **DUE TO** Cardiovascular renal disease Conditions, If any, which gave rise to Immadiate ceuse DUE TO (e), stelling the undarlying PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19, WAS AUTOPSY PERFORMED? 20 NO X O 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | ₩ W 20c TIME OF INJURY 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm. , 20f. (City or town) factory, street, office bldg., etc.) While Not While et work al work 5 H 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry X and in my opinion Natural causes X Accident Suicide Undetermined manner death resulted from: Homicide olease execute the cert
t should be forwarded
FUNERAL DIREC
pr its designated agent CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** October 29, 1961. NAME (Typs) Address (Street, city town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 228. BURIAL, CREMATION, 226 DATE THEREOF (State) Burial (Specify) 11/1/61 E40 & Evergreen Q H Bladensburg, Md. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS, AISME DANOV 6 arthur & Kraus Francis Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

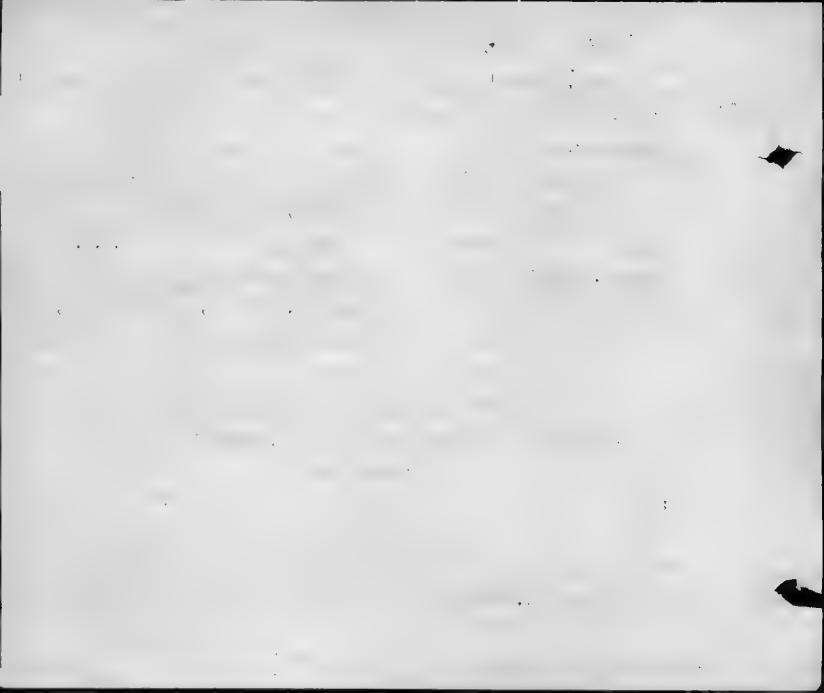


STREET, BALTIMORE 1, MARYLAND Itam 23b Film Gey/ . PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaased lived, If institution: Residence before admission) a. COUNTY C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerest town) ON A FARM? YES NO Z 3. NAME OF DECEASED (Typa or print) DEATH WIDOWED TIL 10e. USUAL OCCUPATION [Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CARCINOHATISIS ENERAWIZED (a), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO Z 208. ACCIDENT, WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20d INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (County) saw the deceased alive on. 22b, DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d ADDRESS NAME (Typa) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 0 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 arthur & Kraus



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH b. COUNTY Prince George's e. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Laurel Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE Boar ON A FARM? 312 Main Laurel General Hospital Street YES NO 3 Yeer -4. DATE NAME OF Middle Month DECEASED OF (Type or print) Crandle DEATH Able October 19 61 Bessie 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BRTH 19. AGE (In yours | FUNDER 1 YEAR) IF JINDER 24 HRS. may 2 last birthdey) 83yrs. July 27,1878 age 5 ma 1 and 2 v 72 hours Female White WIDOWED DIVORCED [10a. USJA, OCCUPATION (G ve kind of work 10b KND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2 PM3, Page done during most of working life, even if retired) Retired Maryland U.S.A. Clerk pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Fleister Crandle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. ENFORMANT 425 Northwest Drive (Yes, no, or unknwn) | (If yes give wer or detes of service), Richard C. Breaden, Silver Spring, Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c),] e along v ONSET AND DEATH PART I. DEATH WAS CAUSED BY Massive Subdural Hematoma (right side) IMMEDIATE CAUSE (a) hours -DUE TO **burial** Lasceration of Cerebellum hours gave rise to 'mmediata causa DUE TO (e), stetling the underlying Trauma from Automobile Accident PART IL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, VI 19. WAS AUTOPSY PERFORMED? YES TO NO Multiple rib fractures actures (left 7th 8th, 9th, & 16th) 208 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. In an automobile accident m 20d. INJURY OCCURRED 20e, PLACE OF INJURY Home, farm, 20f. (City or town) 9 7 20c. TIME OF INTURY (County) (State) fectory, street, office bldg , etc.) Wh Is Not While Route 29 6 at work et work 📆 Ellicott 21. I certify that I took charge of the remains described above, held an Autopsy 🗽 Inspection 😿. Inquiry 🗽 and in my opinion 0 DIRECTO Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER 🗍 ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED ease execute should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) (State) NAME OF GEMETERY OR CREMATORY 22d LOGATION (City, town, or country) 240 p ²61 VS. A15ME

MADVIAND STATE DEPARTMENT OF HEALTH



RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, illed with 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH filed a COUNTY b. COUNTY MARYLAND funerol CITY OR TOWN (if autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) pe RURAL and give nearest tawp) 40 07 VA should 1450 RHVU d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? G Nichals Driva 20 YES NO [TO 4. DATE OF DEATH NAME OF Middle Month Year Filled DECEASED (Type or print) 19 4 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED TT completely lost birthday) Months Days Hours WIDOWED [popers. 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Councilson puo = 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 2 physicion .⊑ remove 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give wer or dates of service) ottending pleose INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). 10 the **DUE TO** ģ Canditians, if any, which permit. gned gave rise to immediate **DUE TO** cause (a), stating the underbeen si buriol-tronsit lying cause last. ottending physicion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremotion, PERFORMED? hos YES NO IN 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, tenter nature of injury in Part I or Part II of item 18.) certificate 20c TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 120f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factary, street, affice bldg., etc. Haur a.m. While Not while at work at work p. m. 19.6/ , that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram Jau and that death accurred at a first from the causes and on the date stated above detoched 19 4/ DIRECTOR: / saw the deceased alive an 220 SIGNATURE 22b, DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS 0 M.D. 22c. PHYSICIAN'S 22d, ADDRESS 3 should NAME (Type) FUNERAL 402 Main Street, Laurel, Maryland. McCeney. poge 3 st the State 236 DATE THEREOF 23d LOCATION (City, tawn, ar coupty) 23a BURIAL, CREMATION, 23c MAME OF CEMETERY, OR CREMATORY REMOVAL (Specify) 0 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS So. REC'D BY REGISTRAR VR A15 (4) '61 Orthur & House 15M 9/59



CERTIFICATE OF DEATH § 753 if director, filled with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) COUNTY b. COURTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give represt town) c. LENGTH OF STAY IN 16 CHY OR JOWN (If outside carporate limits, write RURAL and give nearest lows) 8 should NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION NAME OF First Middle 4. DATE OF (Type or print) DEATH 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9, AGE (In years lost bigthday) B DATE OF BIRTH WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) puo ofter 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physicion or remave corb 15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO 17. INFORMANT 2 attending 18. CAUSE OF DEATH [Enter only one cause per uge far (a), (b), and (c).] EART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DUE TO ģ Conditions, if any, which te has been signed burial-transit permi gove rise to immediate **DUE TO** couse (o), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) certificate 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f (City or town) factory, street, office bldg , etc.) Hour o. m While Not while at work 🗔 of work 21. I certify that I attended the deceased from ., 19*Cal.*, to 19 that I lost sow the deceased 30 AM, from the causes and an the date stated abave. and that death occurred DIRECTOR: ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 224 NAME OF CEMETERY OF CREMATOR 22d LOCATION (City, lawn, or causty) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE EC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea. Dist. No.

Months

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12 CITIZEN OF WHAT COUNTRY?

asy

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

Days

(County)

arilus S. Firstin

ON A FARM? YES NO F

Y-ear

19

VS A15 (4) 15M 9/55



MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		11734		CERTIFI	CAT	E OF DEATH	<u> </u>		1 1	719	
1. PLA	CE OF DEATH					2. USUAL RESIDENCE (W	here decease	d lived. If instituti	an: Residence	before admi	ssion)
o. COUNTY Prince George MARYLAND				AND	" STATE Maryl	and	b. COUNTY	Prince	e Geor	ge.	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)					N 16	c. CITY OR TOWN (IF	outside carpo	rote limits, write R	URAL ond gi	ve negrest tov	vn)
	Hyattsv:	ille		1 - 1/2 y	reatis	Hyatts v	zille		60)	
d. N	NAME OF HOSPIT	AL (If not in haspital, giv	a atamet meldenset			d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
28	05 Nich	olson Stree	t			2805 Nic	holson	Street	Apt.		□ NO 🗔
3. NAA	ME OF EASED	First		Middle		Last	4. DATE	Mar	ith	Day	Yeor
	e or print)	Grace]	D.		Curran	OF DEATH	Oct.		20.	19 61
S SEX		6. COLOR OR RACE	7. MARRIED 🔲	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years		YEAR IF UND	DER 24 HRS.
Fe	male	White	WIDOWED 🌊	DIVORCED		July 18, 1	905	last birthday) 56 yrs	Manths [Pays Haurs	Min
10a, US	JAL OCCUPATIO	ON (Give kind of work do king life, even if retired)	ine 10b. KIND Q	F BUSINESS OR	INDUSTR	Y 11 BIRTHPLACE (State	or foreign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?
	erk	ung me, sven ir remedj	Dept.	Store		Pennsylv	zania		II.	S. A.	
13. FAT	HER'S NAME					14. MOTHER'S MAIDEN				Us Als	
j	Daniel I	Davis				Cecelia 1	Basset	tt			
		R IN U. S. ARMED FORCE		SECURITY NO.	17, INFC	RMANT		Add	ress		
	no		067-2	0-1343	TVI	iriam J. Sh	nort S	Same as	#2 (I	aughte	er)
18.		ATH [Enter only and cour	e per line far (a), (b), ond (c)]						INTERVAL B	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	N/	MITIMA	ON						20 MIH!
	170X	DUE TO									
	Canditions, if ony, which agree rise to immediate (b) OBSTRUCTIVE TAUNDICE 3 MONTH										
	ave rise to i		11			^					
lying cause last (ARCINOMA BREAST SYFARS											
Ö.	PART 11. OTH	HER SIGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEAT	H BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY ORMED?
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\] NO □
CERTIFICATION 1000 800 800	CONTRIBUTING	S UNDERLYING 2	0b DESCRIBE HO	OW INJURY OC	CURRED.	(Enter nature of injury in	Port I or Par	t II of item 18.)			
	EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)									
WEDICAL 20c	. TIME OF INJUR Hour a. m.	Y Month, Doy, Year	20d. INJURY O		Oe. PLAC	E OF INJURY (Hame, farrry, street, affice bldg., etc.	m, 20f. (City	ar town)	(Co	ounty)	(Stote)
WED	p. m.	. 19		at while wark	100101	y, arrest, direct blog., en	"				
21	I certify tha	t (I) (this haspital)	attended the	deceased fi	rom	1/174 19	.69. ta	bithas	10	that (I)	(wa) last
	w the deceas		-			oth accurred at		the causes an			
	SIGNATURE	1 0	1 1 /	A	iidi doc		7117 110111	me caoses on	1		25 DATE
	+	Frens R.	WELL	19,	M.I	ATTENDING M	AED.	STAFF PHYS	10/2	0/21	SIGNED
220	NAME (Type)					22d. ADDRESS	250	HERLA	AN	57	
	MAME (Type)	•				HYA	TTIVIL	LR IN	10	, ,	
236/BU	IRIAL, CREMATIO	N, 23b. DATE THEREOF	23c N	NAME OF CEMET	ERY OR (CREMATORY	23d. LOCAT	TION (City, town,	ar county)	(Sto	ate]
V RE	MOVAL (Specify)	19-23-	61 Ca	mman (ስሌ ነገለ መ	mesian.	Way	man		Ja.	,
24 FUN	IERAL DIRECTOR	SSIGNATURE	AC AC	DDRESS	ال الله الله الله	A I	D BY REGIST	RAR 255. REGI	STRAR'S SIGI	VATURE	
王.	Dage L	a sons	Huak	buills	2-0	MC . DATES	T 2 & '61	Cint	hur S. Ft	tale#	
					7	7.5		-71-0			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. eral director, be filed with 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY OF RINGE . PLACE OF DEATH. a. COUNTY death. b. CITY OR TOWN (If outside carporate limits, write C LRINGTH OF STAY IN 16 write RURAL and give nearest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in happital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? CONG hlu YES 🖺 NO 📊 NAME OF DECEASED First 4. DATE Middle. Lost Year OF DEATH within 24 (Type or print) 197 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years lost birthday) DATE OF BURTH IF UNDER I YEAR IF UNDER 24 HRS Months Hours WIDOWED [USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Jansewik 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO JNFORMANT Address Same ottending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** þ Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), sloting the underlying cause lost. Ic) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 17. WAS AUTOPSY PEPFORMED? YES NO | 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item IB) õ 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20f (City or lown) (County) (Stote) factory, street, office bldg., etc.) Hour g. m. While Not while of work at work 21. I certify, that I attended the deceased from 196 Lithat I last saw the deceased alive on (and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE D PHYSICIAN'S NAME (Type) RI 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR GREMATORY 22d. LOGATION (City, town, or county) (Stote) 0 246. REGISTRAR'S SIGNATUR 24a. RÉC'D BY REGISTRAR Chilling S. France



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH サイヤント

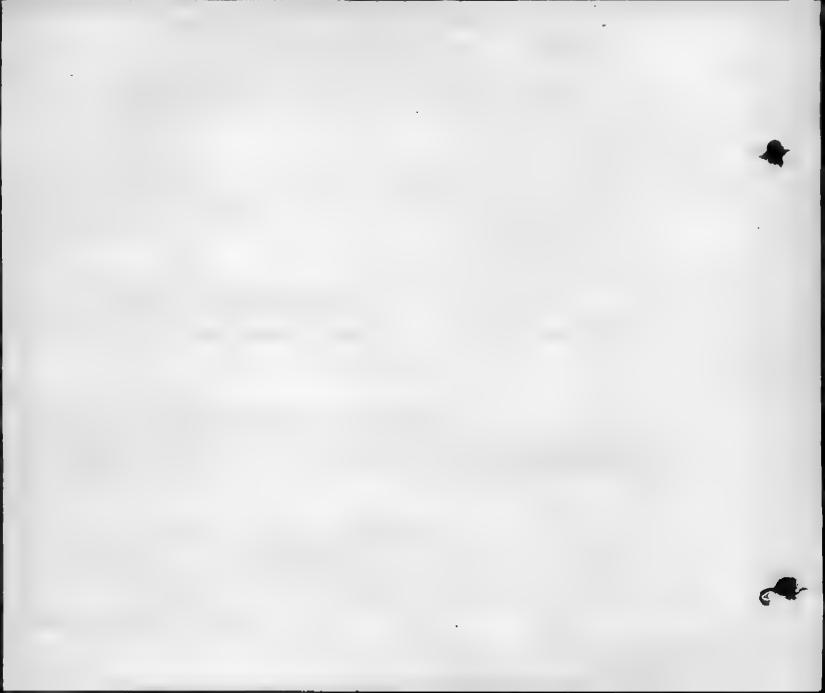
4 8 M C 4

- 20	11630	CERTIFICATE OF DEA	111	11/61
Λ	1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE	E (Where deceased lived, If institution: Reside	nce before admission)
7	PRINCE GROR	9 CMARYLAND MAIS	yland, b. COUNTY PRI	4CE 9.001
	b. CITY OR TOWN (If outside corporate limits, write c. LEN RURAL and give nearest town)	GTH OF STAY IN 16 C. CITY OR TOWN	(If outside corparate limits, write RURAL and	give negrest town)
	Beaver Hars 1		UCR Heigh	75
X	d NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION	d. STREET ADDRES	SS	e. IS RESIDENCE ON A FARM?
	1301-50 = HUE	. 1301	1. 30- AVE	YES NO 🔼
	3. NAME OF First	Middle Lost	4. DATE Month	Day Yeor
	(Type or print) JAMES	y/25 Dodd	DEATH OQT	5, 196/
		NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	R I YEAR IF UNDER 24 HRS Doys Hours Min.
	Ma (e O/. WIDOWED	DIVORCED Sept. 4	1902 59 yrs.	
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND of during most of working life, even if retired)	F BUSINESS OR INDUSTRY 11, BIRTHPLACE T	1	TIZEN OF WHAT COUNTRY
	CARPENTER 131	50,	Carolina	4,0,77
	13. FATHER'S NAME	14. MOTHER'S MAID		
1)	1/LOMAS 1) odd.	SECURITY NO. 17. INFORMANT	Address 2	
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes no, or unknown) (If yes, give war or dates of service)	1	0 27 7 11 1 1 6	Same
	_ \^'D	- MRS, VIOL	a P. Dodd Wis	-C'
	18. CAUSE OF DEATH { Enter only one couse per line for (coupling for the PART 1. DEATH WAS CAUSED BY.), (b), and (c).]	0	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	2 RTZ MS10M - C	-ere-bral Hemon	-1 4 C 9 5 7
	DUE TO	Manual Indicated and American		7 '
	Conditions, if ony, which (b)	P271275101	Y	
	couse (a), stoting the <u>under-</u> DUE TO			
	lying couse lost. (c)	BUTING TO REATH BUT NOT PELATER TO THE	TEDMINAL DISEASE COND. TION CIVEN IN PA	PT I(n) 19 WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL		1	PERFORMED?
	TO A OF IDENT WAS UNDERLYING TO 20h DESCRIPE H	OW INJURY OCCURRED. (Enter noture of injur		YES NO Z
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	or mook, occorned (this holds of mjs.	,	
		OCCURRED 20e. PLACE OF INJURY (Home,	, farm, 20f (City or town)	(County) (Stole
	Hour o.m. While N	of while foctory, street, office bldg	, etc.)	, , ,
		~ · · /	1057. 10- 5- 101	C / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	21. I certify that (I) (this hospital) attended the	. / /		e.L. that (I) (we) los
1	saw the deceased alive an 20 -5 1	962 and that death occurred of	M, from the causes and on th	22b DATE
	11 6 1500 A.A.	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS	ID - 5 - GNED
	72c PHYSICIAN'S	22d ADDRESS	The state of the s	0 0
	NAME (Type)//C./Beldo	Y MD KK2	3- HUNI-P	1-14,100
	230 OUR AL CREMATION, 236 DATE THEREOF	NAME OF CEMETERY OF CREMATORY	23d, LOCATION (Gly, fown, or county)	(State)
	REMITOVAL (Specify) 10-10-6	lat Harmonif	Highland /	ack Mil
	24 FUNIERAL DIRECTOR'S SIGNATURE	DDRESS / 250	201 1 C1 1 C2 1 1	- / .
	Henry Muashingen 492.	DATI	E Clashing &	1. Fines

TO HOSPY CATENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be need by the hospital or attending physician.

TO FUNY. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. The funeral director, page 3 auld be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed-with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) ISM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY n. STATE **b.** COUNTY Mann. Prince Georges MARVIAND ま2年 b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outs de corporete limits, wate RURAL end give neerest town) c LENGTH OF STAY IN 16 write RURAL and give neerest town) Cheverly Hewitt. d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street, address a. IS RESIDENCE d STREET ADDRESS ON A FARM? Prince Georges General Hospital Box 112 YES 🔀 NO 3. NAME OF 4. DATE DECEASED (Type or print) M Doty DEATH 19 Lawrence Oct. 61 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH AGE IIn years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Male WIDOWED [26 July IDe. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Farmer Farm U. S. A. Iowa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Doty Kilmer 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address [Yes, no, or unkown] [(If yas give war or detes of service) 474-18-8950 Harold Doty 4615 Garrett Rd. no Beltsville, Md. 18. CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (+) DUE TO Conditions, a ny, which (b) geve rise to immediate cause **DUE TO** (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of item 18.) 2Da. ACCIDENT WAS UNDERLYING L OR CONTRIBUTING [] CAUSE OF DEATH 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stele) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg , etc.) While Not While Hour a.m. at work ef work to.19.6.1. and that death occurred and the causes and on the date stated above. 22b. DATE : 22a SIGNATURE ATTENDING MED STAFF SIGNET DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 402 Main Street, Laurel, Maryland Dr. John R. Buell 230 BUR AL, CREMATION, 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) (Stata) Minnesota Transportation 10/3/61 Bertha

ADDRESS

Hyattsville, Maryland DATE OCT 4

25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

0 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

Francis Gasch's Sons

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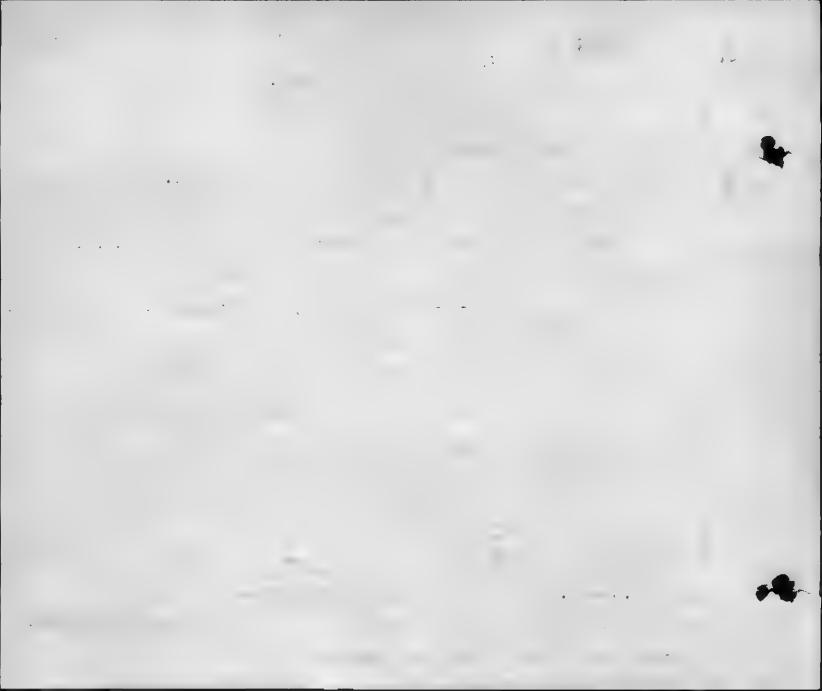
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1	MARYLAND STATE DEPARTMENT OF HEALTH
1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TOR MIATE	11738 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11723
HERLIH DEPI.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lyed, If institution, Residence before edmission) a. COUNTY b. COUNTY
r. Page files Health	Prince Georges County Maryland Maryland Prince Georges b. CITY OR TOWN (If outs de corporele limits, c. LENGTH OF STAY IN 1b c. C.TY OR TOWN (If outside corporele limits, write RURAL end give necrest town)
is ned by your party of M	write RURAL end give neerest town) Cheverly D.O.A. Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS 1 e. IS RESIDENCE
No. 20 1	Prince Georges General Hospital / None
Stat Stat	3 NAME OF First Middle Last 4. DATE Month Dey Yeer OF
3 to the be rei th the after d	(Type of print) DENICE CORANN DOUGLAS 5 SEX 6. COLOR OR RACELY MARRIED NEVER MARRIED 8. DATE OF 8 RTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
er des	Female Negro WIDOWED DIVORCED OCT. 11, 1960 1 yrs. Months Days Hours Min. 10a. USUAL OCCUPAT ON (Give kind of work 10b Kind OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of fore gn country) 12. CITIZEN OF WHAT COUNTRY?
1, 2 1, 2 1, 2 ge and and	done during most of working life, even if retired)
Pages A3. Pages 1	Infant Child Cheverly, Maryland U.S.A.
S E E	William Harris Carol Bernice Douglas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. ENFORMANT No. 19. OF Unknown is (If year of year of the professor
18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	No None None Carol Bernice Douglas, Upper Marlboro,
then her had	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
exection in the interest in th	PART I, DEATH WAS CAUSED BY, MMEDIATE CAUSE (a) AS PHY XIA.
bence a send all-tra	DIJETO -
ould in p Office burit	Conditions, if any which TEPIRATION OF GASTRIC CONTENTS
res res	geve rise to immediate cause (e), stating the underlying DUE TO
ication in in in it is a second in it is a secon	cause lest. (c)
Exar Exar s use	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY PERFORMED?
voro	YES NO □
The H	2De, EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of in dry in Pert I or Pert II of Item 18.) CAUSE OF DEATH
NE 3 s	S 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hone, farm, '2Df. (City or town) (County) (Stele)
Mark Spin	Hour a.m
EX ate, the tror	21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X and in my opinion
At Day of the Day of t	death resulted from Natural causes Accident X. Suicide Homicide , Undetermined manner
D E P E	
	CHIEF MEDICAL EXAMINER
MED IN TO THE DIR	ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED
The to the to the total th	ACTUAL SIGNATURE EXAMINER'S NAME (1909) JAMES I. BOYD, M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) October 24, 19
5 2 2 3 % 5 2 3 %	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) Address (Street, city, town, or county) PERMOVAL (Specify) ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER ** OCTOBER 24, 19 22c. NAME OF CEMETERY OF CREMATORY EXAMINER'S DEPUTY MEDICAL EXAMINER ** OCTOBER 24, 19 [Stelet Street County Stree
The to the to the total th	ACTUAL SIGNATURE EXAMINER'S JAMES I. BOYD, M.D. Address (Street, city, town, or county) 226. BURIA., CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, town, or county) (Stete) REMOVAL (Specify) 10-28-6 11
DEI NEERAL	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) Address (Street, city, town, or county) PERMOVAL (Specify) ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER ** OCTOBER 24, 19 22c. NAME OF CEMETERY OF CREMATORY EXAMINER'S DEPUTY MEDICAL EXAMINER ** OCTOBER 24, 19 [Stelet Street County Stree



MARYLAND STATE DEPARTMENT OF HEALTH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Instruction, Residence before admission) a. COUNTY MERVIAND h. CITY OR OWN (if outside corporate AL and give newtast lown LENGTH OF STAY IN 16 c. CITY OR TOWN (If ours'de corporete limits, write RURAL and give nearest town) . IS RESIDENCE d. NAME OF HOSPITAL ON A FARM? 1012 YES NO NAME OF Midde DECEASED (Typs or print) 221961 5. SEX AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) and Months | Days Hours 7 yrs. WIDOWED DIVORCED IDs. USUAL OCCUPATION (Giva kind of work 10b KIND OF BUSINESS OR INDUSTRY Stale, or fore gn chuntry) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) i (If yes give were rdates of service) INTERVAL SETWEEN CAUSE OF DEATH IEnter PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) onve rise to immediate cause DUE TO (a), stating the undarlying cause lest. PART II, OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY 0 PERFORMED? 38 NO To 20a, ACCIDENT WAS JNDERLYING 20b, DESCR BE HOW INJURY OCCURED. (Enter nature of 'njury in Part I or Pert I of Item 18) OR CONTRIBUTING [] CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED ! 2Da. PLACE OF INJURY (Homa, form, 1 20f. (City or lown) (County) (Stelle) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., stc.) While Not While Hour e.m. at work et work 0.7 1900 , that (I) (300) last 19..... to: 21. I certify that (I) (this (Osphal) attended the deceased from...). and that death occured and M. from the causes and on the date stated above. saw the deceased alive on. ATTENDING IGNED PHYS. 22d. ADDRE OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION. 0 OCT 3 0 61 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGN VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORD PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH a. COUNTY Prince Georges by the and 2 death. MARYLAND b CITY OR TOWN (if outside corporate him ts, c. LENGTH OF STAY IN 16 ۾ write RURAL and give meanest town)
Cheverly 2 days Colmar Manor 5 Pages f.lled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d. STREET ADDRESS 1210 Newton St. Prince Georges General Hospital 3. NAME OF 4. DATE Month DECEASED (Typa or print) Dugan Jane Marie DEATH 6. COLOR OR RACL 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) 12 ^Oct. 1961 White Female WIDOWED [D VORCED 10s. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or foreign country) dona during most of working life, avan if retired) 13. FATHER'S NAME pleas∎ Then pleas Dugan Norman Goldman Eileen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) (If yas give war or datas of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 1. 5 aftending Conditions, if any, which (6) has been gave rise to immediate cause **DUE TO** (a), stating the undarlying cert.ficate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO hospital prior 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) After this chad 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) Not While factory, street, office bldg., etc.) MEDI Whila Hour a.m. at work at work p.m. CHOR 21. I certify that (I) (this hospital) attended the deceased from October 12, 1961, to October 1419.61 that (I) (we) last saw the deceased alive on October 11, 19.61... and that death occured at 7.13 Whom the causes and on the date stated above 22m. SIGNATURE ATTENDING D.RECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Moody. FU 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. REMOVAL (Spac fy) **45** 48 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Georges Prince

2. USUAL RESIDENCE (Whara deceased lived, If Institution, Residence before admission) **b.** COUNTY c. CITY OR TOWN (If outside corporate I m is, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? YES NO X Year Oct 61 19 9. AGE (In years | IF JNDER 1 YEAR, IF UNDER 24 HRS. Months Deys Hours 12. CITIZEN OF WHAT COUNTRY Same INTERVAL BETWEEN ONSET AND DEATH CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY PERFORMED? NO F (County) (State)

(State)

DATE SIGNED

918 Ellsworth Drive, Silver Spring,

23d -LOCATION (City, town or county)

256. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
OCT 1 7'61 Orthur S. Kraus

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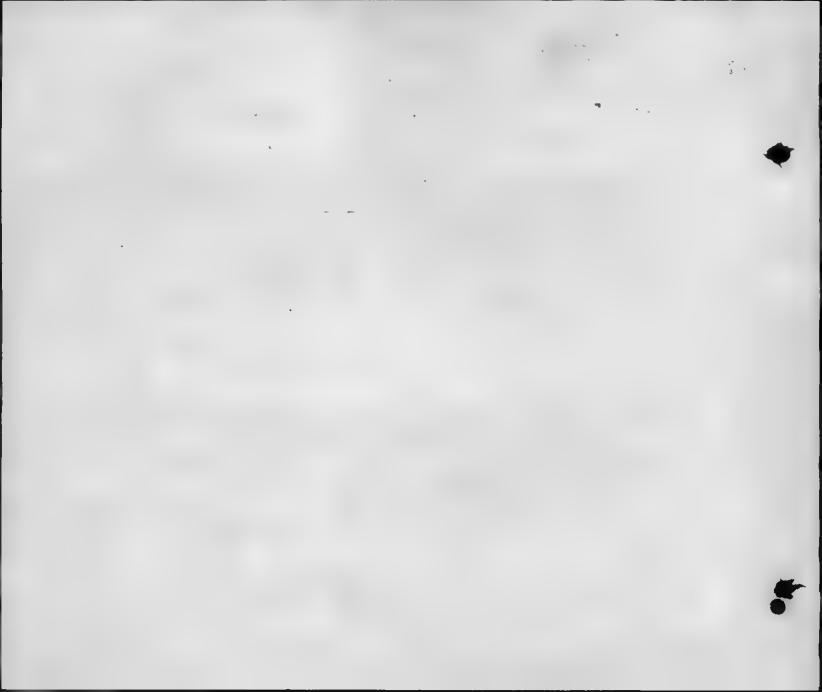
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B. 1	. ,	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 52		CERTIFICATE OF DEATH Reg. Dist. No. 1 1727
l direction filed with	(M)	1. PLACE OF DEATH a. COUNTY RINCE GENEGE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY RINCE TEURGE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY PRINCE TEURGE TEURGE MARYLAND
leath. neral I be f		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the fu shauld	V	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION ON A FARMS ON A FARMS
2 6		5415-21-1. YES NO DA
illed is		3. NAME OF DECEASED (Type or print) FRANCES Middle DUNLEAVX OF DEATH 10- 12- 1961
within		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost burthday) Months Days Hours Min
ample opers.		TEMALE WIDOWED DIVORCED 9-4-1909 52 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
and o you po		FAYRULL CLERK U.S. SOVORNHENT FENNA. U.S.A.
ate be ician a e carba s after	T	JAMES DUNLEAUN MARGARET CLARK.
ertifical physic remave 2 haurs	4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT [If you, on, or unknown] [If you, give work or dottes of service) Address
eath conding ease r thin 72		18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c)]
e offer plant		PART I. DEATH WAS CAUSED BY: A CUTE Mystandial Infunction 24 hr
by this. The hy eve		Conditions, if ony, which) (b) Arterios claratic Heart Dragae 3 mos
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IAN: hendin ficate ficate the b		U (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar at this cert r use as emation		20c. TIME OF INJURY Month, Day, Year Not while of work at wore work at
bing haspit After sed fo		21. I certify that I attended the deceased from Aug., 1961, to 12; 1961, that I last saw the deceased
y the TOR: detacl		alive an
ned b	•	SIGNATURE Frank M Trays f M.D. 3501 Handlen St Hyts 10/12/6
Shaw		PHYSICIAN'S NAME (Typo)
HOSI FU Age 3		220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF GREMATORY 22d. LOPATION (City, Town, or county) (Stolety)
5 5 0 =	-	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 24b. REGISTRAR'S SIGNATURE
15M 9/55		IMOTHY HANION - 8831-GA. HVE M. WDATE OCT 23'61 Catlung S. Kraus



and pou. physician .⊆ attending ple þ, signed After this may be retaine DIRECTOR: should NERAL 0 5 8 VR A15 (4) 15M 9/60



CERTIFICATE OF DEATH

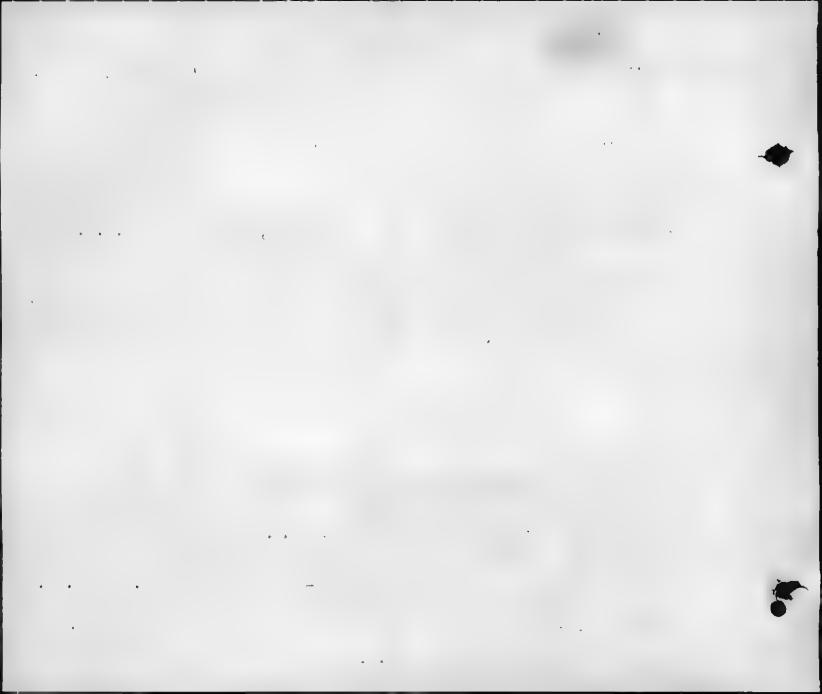
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o. COUNTY Prince Ge	eorge s	MARYL	2.	USUAL RESIDENCE IN	nera deceased lived	If institution Resid b. COUNTY Pri	ence before odmis nce Geor	ge s
b CITY OR TOWN (If outside RURAL and give nearest law Cheverly	corporate limits, write n)	c. LENGTH OF STAY II		c city or town (if a		mits, write RURAL on	d give nearest tow	n)
d. NAME OF HOSPITAL (If no OR INSTITUTION				d. STREET ADDRESS	Arronna		ON A	FARM?
Prince Geo	orge's Gene	ral		T201 20011	Avenue	/	YES L	NO 🗆
NAME OF DECEASED (Type or print)	Margaret	Middle	1)vorak	4. DATE OF DEATH	October	18	19 ⁶¹
	or or race 7 Mari	RIED NEVER MARRIEI ED DIVORCED		11/17/01	59 K	GE (In years IF UND Month) yrs.	ER TYEAR IF UND Doys Hours	ER 24 HRS Min.
100 USJAL OCCUPATION (Give	kind of work done 10b	NONE	INDUSTRY	New York	or foreign country) 12 (S.A.	COUNTRY?
John Strong			14	Mary McGi	name ath	,		
5. WAS DECEASED EVER IN U S	ARMED FORCES? 16.	social security no.	Uhar		ık 1207	58th Ave	e dills:	ide,m
	CAUSED BY ATE CAUSE (0) H	ne for (a), (b), and (c).) epatic Fail	ure				INTERVAL BI	DEATH
Conditions, if any, whice gove rise to immedia cause (a), stating the <u>underlying</u> cause last.	e DUE TO	irrhosis of	the I	iver			uni	mown
CATIC	IFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERM	INAL DISEASE CON	NDITION GIVEN IN P	PERF	AUTOPSY ORMED?
	REYING 206 DES SE OF DEATH EXAMINER)	CRIBE HOW INJURY OC	CURRED (E	nter nature of injury in	Part I or Part II of	stem 18)		
ZOC TIME OF INJURY Mont Hour o. m. p. m.	n, Day, Yeor 20d. l While at war	Nat while	20e. PLACE foctory.	OF INJURY (Home, form street, office bldg., etc	:-)		(Caunty)	(Stote)
21 I certify that (I) (II						ber 18, 19 causes and an t		
220 SIGNATURE	or bus		M.D.	ATTENDING MPHYS. D	FD _ ST	AFF IYS 🗔		SIGNED
NAME (Type) Pete	r Duus			8124-S Cer	ntral Av	re Capt.	"ghts.	Md.
230 BURIAL CREMATION, 236 EMOVAL (Specify)	DATE THEREOF	23k. NAME OF CEME		EMATORY	Long I	(City, town, or county	Lty, N.Y	
24 FUNERAL DIRECTOR'S SIGNA		ADDRESS			D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
Lee Funeral	L Home Was	shington.	D.C.	DATE	T 2 3 '61	C Un S	trans	

by the funeral director, d 2 should be filed with ō TO HOSPITATION OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may may med by the haspital ar attending physician and physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 in 18 State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after department.

rs after death. Page

VR A15 (4) 15M 9/59

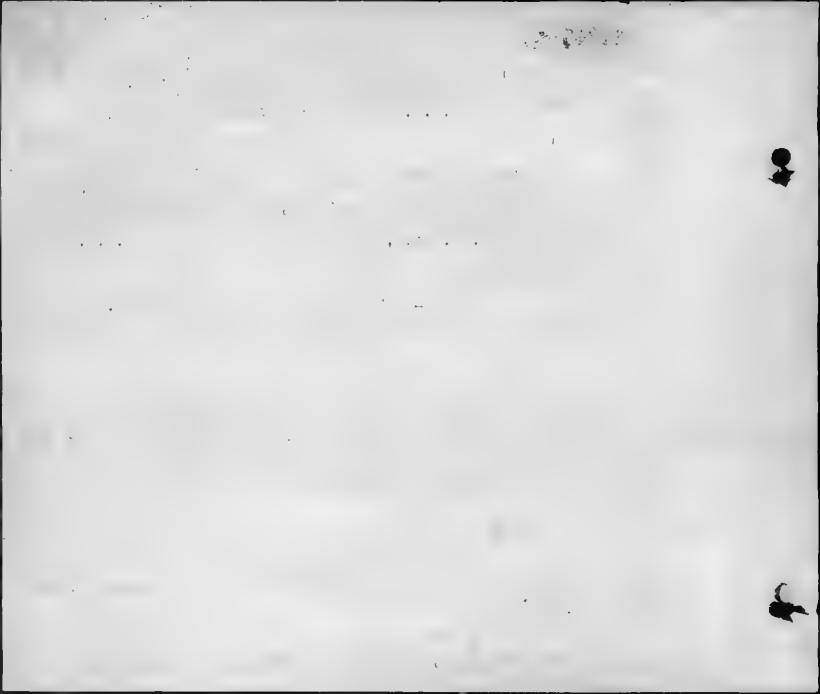


RYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Film G297 - 10/ user RESIDENCE (Where deceased I vad, If Institution, Rasidance bafore admiss on) PLACE OF DEATH a. COUNTY b. COUNTY ANNE ARUNDEI Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) wr ta RURAL and g'va nearest town) CHEVERLY d. STREET ADDRESS d. NAME OF HOSPITAL OR ASTITUTION (if not in hospital, give street address a. IS RESIDENCE ON A FARM? GENERAL DELIVERY YES NO GEORGES GENERAL HOSPITAL NAME OF First Middla DATE Year DECEASED FADER OCTOBER CHARLES DEATH (Type or print) 1961 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH tost birthday) | Months WIDOWED [D.V ORCED 10a. USUAL OCCUPATION (G va kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Courty & Sinte, or ford go country) done during most of working life, even if ratired) COUNTY, MD. GARDINER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KNODE WILLIAM IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIA, SECURITY NO. 17, INFORMANT (Yas, no, or unkown) | (Ifyes give war or datas of servica) ves. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. **DUE TO** Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I, of Item 18.) 200. ACCIDENT WAS UNDERLYING LOR CONTR BUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f, (City or town) .County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) Not While Whila Hour a.m. at work at work D. 01 to..... 1. () - 1 ... 19.6. I that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.19, G. I., and that death occured at. P.M. from the causes and on the date stated above. saw the deceased alive on... DATE 22a. SIGNATURE S.GNED LUlle DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN S 23d. LOCATION (C'ty, OF CEMETERY OR CREMATORY BURIAL, CREMATION

by the and 2 death. after ed physician remove and aftendar removal, the signed by burial-transit peen has the buburial, cert licate 8 0 prior use the After this letached for DIRECTOR: / ± 3 0

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STAZISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFIC . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution Residence before a jmiss on) Prince George's director. Page or your files. oard of blealth, MARYLAND b. CITY OR TOWN (if outside corporete I mits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly D.O.A. Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS 5461 Madison Way George's eneral Hospital YES NO 12 3. NAME OF DECEASED Elizabeth Geraldine Elliott (Type or print) DEATH Oct 6. COLOR OR RACE 7, MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last-birthday) Months | Days Female April 16,1940 DIVORCED T WIDOWED [10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. Govt. Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Calvin Douthat Ruth Steele 16. SOCIAL SECURITY NO. 17. INFORMANT 15, WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no or unkown) (Ifyesgiveweror detesofservice) 77 Alvin Augustine Elliott Jr. Same 18. CAUSE OF DEATH [Enter only one cause per line for (e), [b]_and (c). INTERVAL BETWEEN ONSET AND DEATH KIGHT HEART FAILURE IMMEDIATE CAUSE (a) **DUE TO** (6) HIR EMBOLISM gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART 1, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 611 19. WAS AUTOPSY cremati PERFORME STATUS, POST PARTUM " KHEUMATIC HEART DISEASE 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. age 3 to buri 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) While Not While fectory, street, office bldg., etc.) Hour e.m. et work 21. I certify that I took charge of the remains described above, held an Autopsy 💢 . Inspection 💢 , O Inquiry X and in my opinion forwarded to DIRECTO death resulted from: Natural cause Accident . Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL EXAMINER'S **15.1961** 220, BURIAL, CREMATION 22b, DAJE THEREOF 22 Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 40 6 VS. A15ME 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11746 CERTIFICATE OF DEATH Rea. Dist. No director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If misutation: Residence before admission) a COUNTY filed MARYLAND funerol vid be fi b. CITY OR TOWN (If outside corporate limits, wille c. LENGTH OF STAY IN 15 c. CITY-OR TOVIN (if outside corporate limits, write RURAL and dive negres) town) RURAL and give nearest town) entros NAME OF HOSPITAL (If not in hospitoj-give street address) e. IS RESIDENCE d. STREET OR INSTITUTION ON A FARM? 26 YES 🔲 NO NAME OF DATE Year Middle Month Filled DECEASED DEATH (Type or print) 19 IF UNDER TYEAR IF UNDER 24 HRS B DATE OF BIRTH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED [DIVORCED [7] papers. 12 CITIZEN OF WHATGOUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if setired) puo after 13 FATHER'S NAME physician ğ remove Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Hending 2 ease INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: mount 0 IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gned gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 19 WAS AUTOPSY PERFORMED? YES NO LA 20g. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of snigry in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year (Stote) 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) o.m. While Not while at work at work p. m. 21. I certify that I attended the deceased fram. 1962 that I last saw the deceased and that death accurred at______ alive an M. fram the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED DIRECT ACTUAL SIGNATURE NAME (Type) 226 DATE THEREOF 22d. LOCATION (City, town oc.county) BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/58



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S L PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If and tution: Residence before edinission) e. COUNTY b COUNT Prince George s MARYLAND b. CITY OR TOWN In Cutsica corporate limits E LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly Chillege Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RES DENCE ON A FARM? Prince George's General Hospital 5015 Fox Street YES NO T NAME OF 4 DATE Midd a Yaar DECEASED OF Falla [Type or print] DEATH October 19 Sam 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years (IF UNDER) YEAR | IF UNDER 24 HRS. may 2 wi last birthday) Months 26,1891 January Male W DOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 1Db KIND OF BUSINESS OR INDUSTRY | 11, B RTHPLACE (State or fore an country) 112, CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Construction Italy Brick layer pages 1 within 13 FATHER'S NAME I. 14. MOTHER'S MAIDEN NAME Guisseppi Failla: Anna
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Anna 5120 Sargent Road NE (Yas, no, or unkown) (.fyasgiva warordalasofsarvica) 5439James W. Mitchell, Washington 17, D.C 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH DUE TO le), stating the underlying WAS AUTOPS PERFORMED? YES NO -2) 2Db DESCRIBE HOW INJURY OCCURED. (Enter nature of 200. EXTERNAL CAME WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year | 2Dd INJURY OCCURRED ! 20a, P.ACE OF INJURY (Home, farm, 2Df. (City or lown) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection 🛣 I. Inquiry 30 and in my opinion O death resulted from. Natural causes 😿 Accident 🗍 Sutcide Homicide Undetermined manner xecute the defended be forwarded RAL DIREC CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE 10/2/61 EXAMINER'S NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 228, BURIAL, CREMATION, Burial (Specify) 10/5/61 F40 9 Ft. Lincoln Colmar Manor, Md. 1 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR OCT 4 Circling L. Thomas VS. AISME F. Gasch's Sons Hyattsville, Maryland DATE 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH





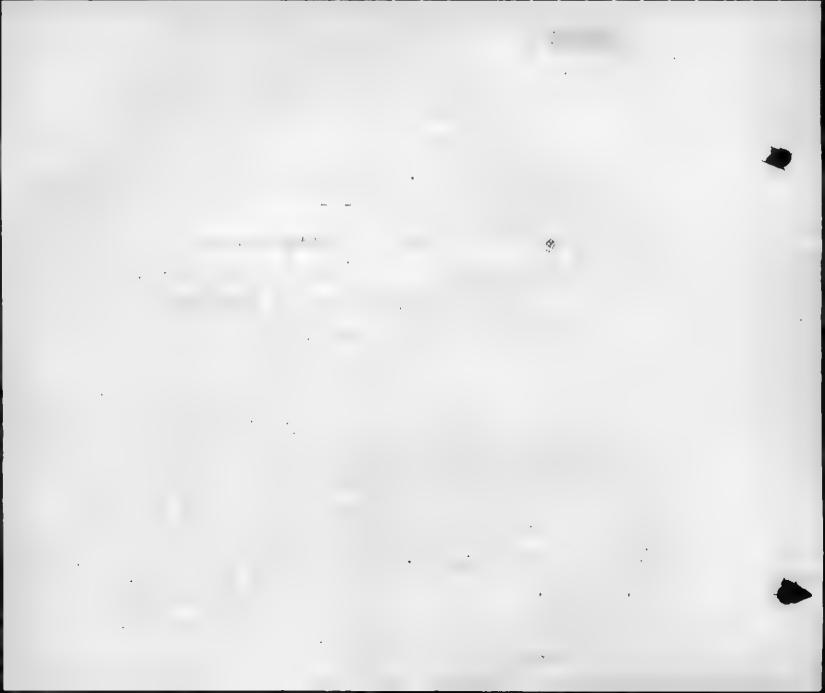
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11750

11735

Ī	1. PLACE OF DEATH	tem 7 flim Ga	2 USUAL RESIDENCE (Whe	re deceased lived. If institution					
	Prince George's	юнин	Maryland	b. COUNTY	e George's				
Ī	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16							
1	Cheverly	6 days	Hyattsville						
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUT ON	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
4	Prince George's General	8404 Cathed	iral Avenue	YES NO L					
Ŧ	3. NAME OF First DECEASED	Middle		4. DATE Month					
-	(Type or print) Mary	A.	Gemmell	DEATH Octobes					
	WIG	RIED NEVER MARRIED	8-21-1895	last birthday)	Months Days Hours Min				
-	Female White widow 100 USUAL OCCUPAT ON (Give kind of work done 10b)			66 yrs	12 CITIZEN OF WHAT COUNTRY?				
	dering mast at warking life, even if relired)	TADA TA	P. O. A. O.	LA COUNTY	ILIS.				
-	Housewife o	DO PC ROMA	14 MOTHER'S MAIDEN NA	AME	1000				
1	Willia Onyur	blus.	Rappos	Organia	A / .				
Į,	IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	1. Addre	" about						
	(Yes, no, or unknown) (If yes, give war or dates of service)	0-24-9106	Harry B.	Genmel	- Sou				
F	18. CAUSE OF DEATH [Enter only one couse per l	ine for (g), (b), and (c).]		-/	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	cute Pulm	onary Edo	2129	ONSET AND DEATH				
	DUE TO A . DI								
	Conditions, if ony, which) (b) Massive Tulmonary Embolia								
gave rise to immediate couse (o), stating the under- lying cause los) DUE TO Carcino ma of the Sigmoid.									
	PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE VENTUAL DISEASE CONDITION GIVEN IN PART I(6) 19 WAS AUTOPS' PERFORMED?								
	<u>V</u>	Kheumale	ed Untra	ites	YES NO				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	D (Enter noture of injury in Pr	orf I or Port II of item 18)					
			ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	20f (City or town)	(County) (State)				
	Hour o.m. 19 While of wo	rk Ol work							
1	21 I certify that (1) (this haspital) atten	ded the deceased from.	May 126	21.10 OCT	_, 19.61, that (1) (we) last				
	sow the deceased alive an	7,19.6/, and that	death occurred a D	Afrom the causes and	on the date stated above				
-	220 5 GONATURE (1) - (1)	THE	ATTENDINGME	D STAFF	22b DATE				
	22c. PHYSICIAN'S	SABU VIII	MELEHYS DIR	ECTOR PHYS	1918/61				
1	NAME (Type) Dr. William D. Rosso	n .	22d. ADDRESS 57	01 85th 6	Wen				
ŀ			O CDENATORY	YATTSULL	Carlos Carlos				
	23g BLRIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City, town, or calnity) (State House 1) 10/23/6/10/10/10/10/10/10/10/10/10/10/10/10/10/								
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS L RO	rivier 250 REC'D	BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE				
	Malleys truncial He	me,	nd, DATE						
	20	le,	- Col	2 3 01 Carlin	1 S. True				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, WALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FUR STATE** HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edm ssion) l director. Personnial director. Personnial director. Personnial director. . COUNTY Prince George's b. COUNTY Prince George a. SIA Waryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Suitland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) lor d. STREET ADDRESS n. IS RESIDENCE unera ON A FARM? George's General Hospital 4651 Lamar Avenue retained he State B YES NO X 34 NAME OF DETE Year DECEASED 61 the October Mable Jordan Graham (Type or print) DEATH 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SFX B. DATE OF BIRTH AGE (In yours | IF UNDER 1 YEAR ! IF UNDER 24 HRS. s I, z, and S age 5 may b f and 2 with (Sirthday) Sept. Months Hours Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work Delicatessen 11. BirthPlace (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS dold dunegrangs physiking life, even if retired) West Virginia S. File pages 1 Give Pagerm PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Ulrich Jordan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 9017"Taylor Street in pencil in item reporting of the solution of [Yes, no, or unkown] , (livesgive weror delesof service) Myrna L. Grahum. No Ardmore. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Carcinoma of the stomach IMMEDIATE CAUSE (n) DUE TO Conditions, if eny, which gave rise to immediate cause n **DUE TO** (e), stelling the underlying 88 ö cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (4) 1 19. WAS AUTOPSY CERTIFICATION 2 PERFORMED? Andical Medical should be NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 sto buris 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) execute the certificate, wrn execute the certificate, wrn execute the certificate, wrn factory, street, office bldg., etc.) Whila Not While Hour a.m. to the DR: P at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection Inquiry and in my opinion forwarded to death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S NAME (Type) James Boyd Address (Streat, city, town, or county) 220. BURIAL, CREMATION, 725. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stela) REMOVAL (Specify) 4 8 9 23. FUNERAL DIRECTOR VS. AISME DATE OCT 1 0 '61 5M 9/60 Critical S. Throng

ton in

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH Hilm director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before adm filed e. COUNTY G STATE b COUNTPrince Georges MARYLAND Prince Georges Maryland funeral ě b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write REPAL and give nearest town) RURAL and give nearest town) should Hvattsville 20 min Cheverly the d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION . CV 6918 Parkwood Street Prince Georges General Hospital NAME OF DATE Rupert DECEASED file Poges (Type or print) DEATH death etely S SEX 6 COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) Months 78 DIVORCED | WIDOWED & 1883 Sept. 흘 Male White YES papers ٩ 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) hours 8 during most of working life, even if retired) Barber pup Maryland None 2 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion 8 Jarhoe Graves Genevieve Jarboe remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address aftending (eve Mary V. Fortune No Same As 577-05-6775 None ease 1B CAUSE OF DEATH | Enter only one couse per lips for (o), (b), and (c) ā PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Š permit. Canditions, if any, which gned (b) gave rise to immediate DUE TO couse (o), stoting the underbeen si lying cause lost. -transit physician (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY has burial attending 200. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of Item 18.) certificate 5 the the DICAL 20c TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Manth, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg, etc.) Hour a.m. While Not while of work at wark detached far After this hospital) attended the deceased from._ Health 1910 saw the deceased olive and that death acturred of Nom the couses and on the date stated above on. DIRECTOR 22a SIGNATUR ATTENDING MED STAFF ъ å MD ned o Board 22c PHYSICIAN'S 22d ADDRESS should NAME (Type) William D Rosson .. page 3 sh the State I FUNER 63 23a BURIAL CREMATION, 23b DAJE THEREOF 23c NAME OF CEMETERY OR CREMATORY READDY ALL (Sparify) 10/24/61 Cedar Hill the 0 25b, REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATUR 25g REC'D BY REGISTRAR

24 certificate the death

VR A15 (4)

15M 9/59

23d, LOCATION (City, town, or county)

Suitland, Maryland

PATECT 2 5 '61

Carthur S. Thousa

e IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

12 CITIZEN OF WHAT COUNTRY?

U.S.A.

Day

Dovs

(County)

19.6/, that (1) (we) last

(State)

ON A FARM?

YES NO

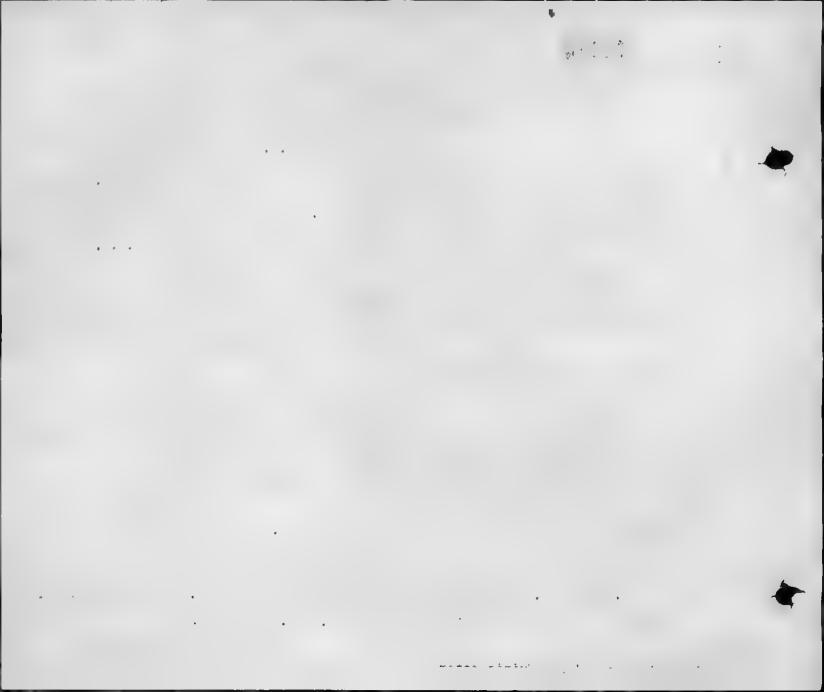
Year

1960

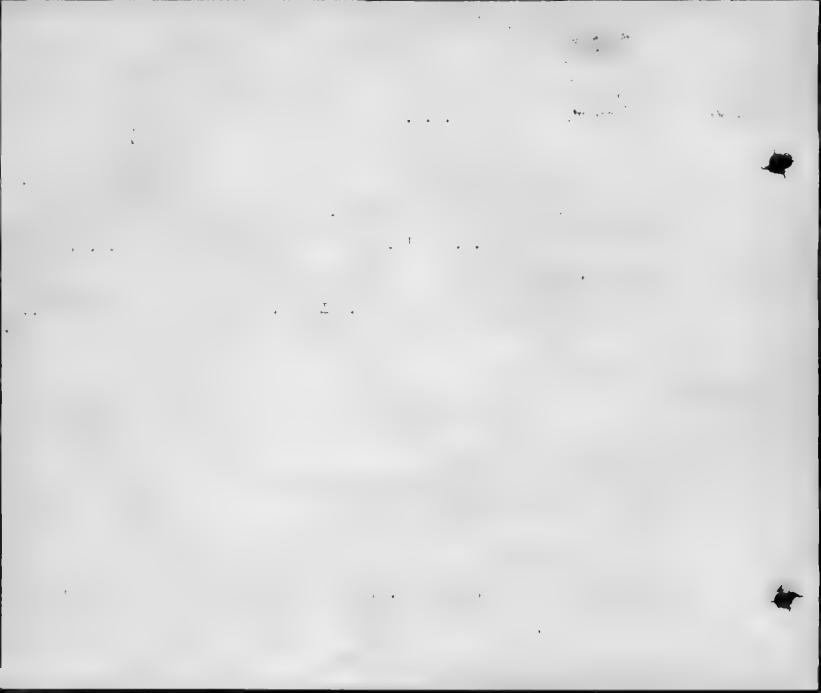
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* MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution, Residence before add, sign! a. COUNTY necessary, ector, Page rour files. Marvland Prince Georges b. CITY OR TOWN (foutside corporate I mits, | c. LEN MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN () outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) Hyattsville Cheverly d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3902 Madison Georges General Hospital Street YES NOX NAME OF Middle 4. DATE DECEASED OF (Type or print) LLCYD BOWER GRENFILL DEATH October 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. tast birthdey) Months Sept. 17, Male WIDOWED [DIVORCED 1900 IOn. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE [Stele or foreign country] 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Govit. Cleric Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lindrof Jennie Bower 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 3902 Madison (Yes, no. or unknown) ! (If yes alve were relates of service) Mrs. Hehen M. None Street Hyatts Grenell. 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c)] INTERVAL BETWEEN Md . PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) **DUE TO** Conditions, if env. which geve rise to immediate ceuse Ø DUE TO [m], sletting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 91/19, WAS AUTOPSY CERTIFICATION PERFORMED? NO M binor crem 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NJURY OCCURED, lenter neture of Injury in Pert I or Pert I, of item 18.1 PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. Chief 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 200, PLACE OF INJURY (Home, farm, Month, Dev. Yeer 2Df. (City or town) (County) factory, street, office bldg., etc.) ! While Not While Hour e.m. at work i et work 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection 📆 20 5 Inquiry 30 and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S October 29, 1961 BOYD, M.D. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERT OR CREMATORY 22d. LOCATION (City, town, or country) 409 REC'D BY REGISTRAR | 246, REGISTRAR'S S GNATURE VS. AISME Circling & Kraus 5M 9,60



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

11742

IS RESIDENCE

ON A FARM?

YES NO K

Year

1961

Day

USA

(County)

INTERVAL BETWEEN

ONSET AND DEATH

vears

PERFORMED?

YES NO

(State)

SIGNED

(State)

2h hours

CERTIFICATE OF DEATH USUAL RESIDENCE (Where accessed lived. If institution Residence before admission) Lite Me O ilm GZ PLACE OF DEATH a. COUNTY Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Fairmont Heights 2 days Cheverly d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 705 - 62nd Avenue Prince George's General Hospital NAME OF 4. DATE OF First Middle Manth Lizzie Hall October (Type or print) DEATH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1892 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B DATE OF BIRTH last birthday) Months WIDOWED 69 Female Calared DIVORCED [7] September 10o. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? None Georgia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Lulu Miller Νo 705 - 62nd Ave CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. Acute Pulmonary Edeman IMMEDIATE CAUSE (a) DUE TO Canditions, it any, which Hypertensive Cardiovascular Renal Disease gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Diabetes Mellitus 206. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f (City or tawn) Month. Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Haur a m. While Not while at wark at wark 19 8/ .ta 10/12 ___, 19___, that (I) (we) last __ 19.6/, and that death accurred at 0:15, from the causes and an the date stated above. saw the deceased alive an 10 22a SIGNATURE ATTENDING STAFF PHYS PHYS DIRECTOR [M.D. 22c PHYS CIAN S 22d ADDRESS NAME (TYPE) 53-A Crescent Rd. #108 - Greenbelt. Md.

NAME OF CEMETERY OR CREMATORY

Till Bergemann

23a BUR AL *CREMATION*

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certificate the

After

DIRECTOR:

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VR A15 (4) 15M 9/59

256. REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE

23d. LOCATION (City, lawn, or county)

Calling & Haus



CERTIFICATE OF DEATH 11757 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY filed RINCE GEORGES MARYLAND CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town)

MT. RANIER plnous ANIEN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1606-30 4606 - 307 5+ MT RANIER Md YES NO NO NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) DOTOBER 196/ 5. SEX 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS AGE (In years lost birthday) Months Dovs MALE WIDOWED | DIVORCED [JUNE 30,187 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ENC-INTER PEPCO U.S.A. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CRONMAY minutes DUE TO Conditions, if any, which) gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? NONE YES 🔲 NO 🗚 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour 0. /1. While While Not while at work 21. I certify that I attended the deceased from 550 7 30, 1961, to 007 22, 1961, that I last saw the deceased and that death occurred at 215 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) AMILTON SIGNATURE NAME (Type) 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d-LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATES CT 2 4 '61 Cirling & House

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECO PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral Item 7 Fram Gc90 10/00/01 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if Institution, Residence before admiss on) e. COUNTY a. STATE b. COUNTY Prince George 12 T MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAl and give Refeet town) b. CITY OR TOWN (| outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) C 4-4 Cheverly Seat Plesant d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, q ve st a. IS RESIDENCE ON A FARM? YES NO A Prince George General 3. NAME OF Middle DECEASED (Type or print) DEATH Harris AGE (In Yeers 22-61 YEAR IF UNDER 24 HRS. 16. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) visirri Months Deys Malle Hours WIDOWED X physician 10a, USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY? or fore an country! done during most of working life, even if retired) U.S.A. Retired - Merchant Clothing Lithuania 13. FATHER'S NAME please and in a 14. MOTHER'S MAIDEN NAME attending property Then please Rubin Harris (Deceased) Dina ----- (Deceased) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Val (Yes, no, or unkown) ((If yes give wer or detes of service) 159-09-8407 5059 Overbrook Ave., Phila, Pa No Adele Freilich 18 CAUSE OF DEATH [Enter only one couse per line for (e) (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve risa to immediate cause DUE TO (a), stating the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 1 19. WAS AUTOPSY PERFORMED? NO X 208 ACCIDENT WAS UNDERLYING [] | 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18 t Examiner OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 20d, INJURY OCCURRED 1 20a PLACE OF INJURY (Home, ferm 201, City or town) 20c. TIME OF INJURY Month, Day, Year .County) (Stete) tectory, street, office bldg., etc.) While Not While at work at work p.m. 21. | certify that (1) (this hospital), attended the deceased from... . /0/ 2, 194..., that (I) (we) last 딥 196. (... and that death occurred at 12:30 iron the causes and on the date stated above. saw the deceased alive on Ö Medic 22a. SIGNATI ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS NAME (Type) Prince George General Hosp. 23c. NAME OF CEMETERY OR CREMATORY [23d. LOCATION (City, fown or county) (Stete) 230 BUR.AL CREMATION, 236 DATE THEREOF REMOVAL (Specify) å die G Geo. Washington Cem., Inc. Burial Hyattsville. Md. 25e, REC'D BY REGISTRAR , 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A1E (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND

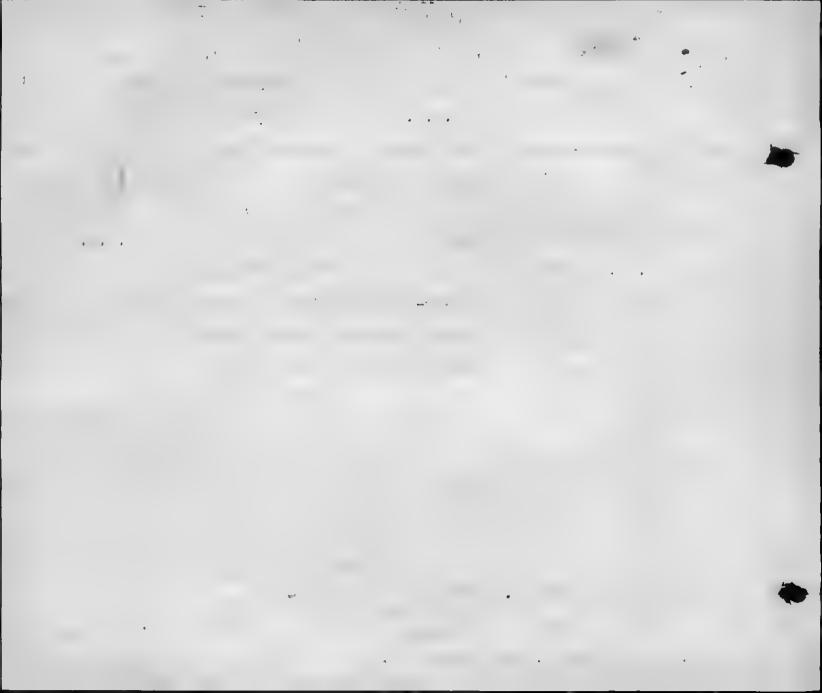
2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) INCE GEORGES (If outs'da corporate l'm'ts, write RURAL and q ve nearest town) IS RESIDENCE ON A FARM? YES NO X AGE (In years LIF UNDER 1 YEAR IF UNDER Months ONSET AND DEATH PERFORMED? NO (State) (County)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (f outside corporate im'ts c. City OR TOWN (If o Iside corporate limits write RURAL and give neerest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUT. ON (if not in hospita), give street address) e. IS RESIDENCE ON A FARM? Leland Memorial Eugen 3. NAME OF DECEASED (Type or prin!) DEATH 9. AGE (In years, IF UNDER 1 YEAR last birthday) Months | Deys WIDOWED X DIVORCED T 10a. USUAL OCCUPATION (Give kind of work physician 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) W.S.R. 13. FATHER'S NAME please attending | 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (lives a vewer or detes of service) IB. CAUSE OF DEATH [Enter only one cause parting for (e), (b), and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which (b) geva rise to immadiate causa DUE TO (e), steting the underlying cause lest. PART J. PTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTORSY ificate PERFORMED? 20e. ACCIDENT WAS UNDERLYING | 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part In of Item 18.)

OR CONTRIBUTING | CAUSE OF DEATH NO 🗔 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year , 20d. NJURY OCCURRED , 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Steta) (County) While __Not While factory, street, office bldg., etc.) et work | at work saw the deceased alive on / ATTENDING SIGNED DIRECTOR 22d, ADDRESS 22c. PHYSICIAN S NAME (Type) 238 CHURIAL CREMATION 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lower or county) (Stata) 0 250. REC'D BY REGISTRAR SS. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) H.S. Washington + Jon 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RÉCORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) & COUNTY Prince George's Prince George's Maryland MARYLAND b. CITY OR TOWN (if outside corporete lim ts, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I mils, write RURAL and give nearest town write RURAL and give negrast town) Clinton Clinton d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Southern Maryland Medical Center Woodyard Road YES NO 4. DATE DECEASED OF (Type or print) William DEATH Brack Honevcutt October 6. COLOR OR RACE 17, MARRIED NEVER MARRIED | B. DATE OF BIRTH YEAR IF UNDER 24 HRS. 9. AGE (n yeers I IF UNDE age 5 may 1 and 2 wil 72 hours last bighday) Male September DIVORCED [WIDOWED [10e USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Steta or fore on country) 12. CITIZEN OF WHAT COUNTRY? North Carolina Newspaper U.S.A. pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME A. L. Honeyoutt Hattie Overcash 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Add Box 1315 William Honeyoutt, Upper Marlboro, Md 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (e)) ONSET AND DEATH PART . DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) **DUE TO** Cardiovascular renal disease geva rise lo immediale cause DUE TO (a), stelling the underlying nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIBIL 19. WAS AUTOPSY PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 1 2Dd. NJURY OCCURRED 200 PLACE OF NJURY (Home, farm, 201. (City of town) (County) fectory, street, office bldg., etc.) While Not While el work at work 21. I certify that I look charge of the remains described above, held an Autopsy . Inspection 🕱 Inquiry 30. and in my opinion ō Su cide [Indetermined manner death resulted from. Natural causes Accident Homicide execute the be forwarde be forwarde CHIEF MEDICAL EXAMINER Jease exe.
4 should be for-ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 10/5/61 DEPUTY MEDICAL EXAMINER EXAMINER'S James I. Boyd NAME (Type) Address (Street, city, lown, or county) DE 22a. BURIAL, CREMATION. 266 DATE THEREOF Trinity Memorial 22d. LOCATION (City, lown, or country) (Stete) Bu Tial 240 g Waldorf, Md. 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Chambers Co. Riverdale, Md. DATOCT 9 Orthur & King



			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 35			11762 CERTIFICATE OF DEATH Reg. Dist. No. 11748
Page directo illed wil			COUNTY Le Te MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) STATE Laurence COUNTY Le COUNT
funeral fuld Be	State of the state		c. CITY OR TOWN (Fourside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. CITY OR TOWN (Fourside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
by the		L	4. NAME OF HOSPITAL (IF not in hospital, give street/ordress) OR INSTITUTION OR INSTITUTION ON A FARM? YES \(\) NO \(\)
illed in			NAME OF DECEASED Type or print) William Cary Humphrey DEATH Och 31 st. 1961
d within		5. 5	EX 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8 DATE OF BIRTH 8 9 6 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS Wale Thit widowed DWORCED 6/16, 896 65 yrs. Months Days Hours Min.
execute nd camp on pape death.	4	1	DEUAL OCTURAL ON (Give find of work done 10th KIND OF BUSINESS OR INDUSTRY IN BIRTHMACE (State or foreign country) Out of working life, even it relived! Out so working life, even it relived! Out so working life, been it relived! Out so working life, been it relived!
ician al	7	13.	Dariel & Humbling Maltida Myan of white
ng physical remaye 72 haurs	ン		WAS DECEASED EVER IN U. JARMED FORCES? 16 SOCIAL SECURITY TO. INFORMANT Address at the property of the service 243-03-90 49 Mary atking Humphicus Wife
ne death r attend an pleas rt within			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Orterioacleratic HEart Disease 3 year
s that the distribution of the the line. The line even			Conditions, if any, which) (b) Orterioscherosca
requires an. n signed sit pern			gave rise to immediate couse (a), stating the under-lying cause last.
he law physici nas beer rial-tran noval, o		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19 WAS AUTOPSY PERFORMED? YES NO
tending ifficate lifficate the bu			20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar at this cert r use as		MEDICAL	20c. YIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour o. m. P. m. 19 of wark of invariant of invariant inva
NDING e haspil i: After iched fa urial, cr			21. I certify that I attended the deceased from $1 - 10$, 1968, to $10 - 31$, 1964, that I last saw the deceased alive an $10 - 31$, 1964, and that death accurred at $10 - 31$, from the causes and an the date stated above
R ATTE d by th RECTOR be deto iar ta b	/		ACTUAL SIGNATURE Earl W. Grauff, M.D. 2716 Kizhwool Pl. W. Hantttill M.
RAL DII shauld			PHYSICIAN'S EARL W. GRAEFFUP.
HOSP may be. Page 3 sh the registr	2	B	BUR AL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
VS A15 (4) 15M 9/5B	1	23	alley's Treneral Horne med Date NOV 6 '61 and there
			Sire.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S PLACE OF DEAT a. COUNTY a. STATE Prince George MARYLAND b. CITY OR TOWN (if oulside corporate limits. c. LENGTH OF STAY IN 16 director. write RURAL and give neerest town) Dead on d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, g ve street address) d. STREET ADDRESS General Hospital Prince George's 3. NAME OF Middla DECEASED Actin the (Type or print) Catherine James 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH Female WIDOWED [DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired) House_wife at home 13. FATHER'S NAME Joseph Mockus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? File 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyas give werordates of servica) in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Office along v PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) removal, geve rise to immediate cause rr3 **DUE TO** (a), stating the underlying 10 Examiner 占 pesn causa last. 2 writing the word Medical should be 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 age 3 to buri 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., atc.) While Not While please execute the certificate, will a should be forwarded to the CONTRECTOR: Pager its designated agent, prior to et work et work death resulted from: Natural causes Accident Suicide Homicide [ACTUAL SIGNATURE EXAMINER'S NAME (Type) JAMES NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMAT ON, arlington national Z40 p VS. AISME

2. USUAL RESIDENCE (Whate daceased lived, if institution; Residence before admission) b. COUNTY Maryland Prince George CITY OR TOWN (1 outs do corporate limits, write RURAL and give neerest town Prince George s Mount Rainier . IS RES DENCE ON A FARM? Chauncey YES NO 4. DATE DEATH October 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months 106, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? Illinois USA 14. MOTHER'S MAIDEN NAME Alfred Reed James, same as # 2 INTERVAL BETWEEN ONSET AND DEATH TENSIVE (ARDIOUASCULAR DISEASE PART II. OTHER SIGNIF, CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1,0), 19. WAS AUTOPSY REDFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of Injury in Part I or Pert I of I'em 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (County) (State) 21 I certify that I took charge of the remains described above, held an Autopsy | Inspection | XI Inquiry X and in my opinion Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED October 12. Address (Street, city, town, or county) (State) 24b. REG STRAR'S SIGNATURE 24a. REC'D BY REGISTRAR I

SM 9/60



1	MARYLAND STATE DEPARTMENT OF HEALTH
(Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	11764 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
es.	e. COUNTY Prince Good and MARYLAND b. COUNTY Prince Co.
SCEEM)	b. CITY OR TOWN (if outs'de corporete imits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete imits, w'te RURAL and give negres) town
of do do	Seat Pleasant 11 y and Seat Pleasant 01
for y Board	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS le. IS RESIDENCE
de d	415-64th Cereme 415-64th Ceremen VES [NO [Z]
ained asth	3. NAME OF First Middle Lest 4. DATE Month Day Year
ret ret	(Type or print) Eugene Kendall Johnson DEATH Cet 4 1961
3 to Se sife	5. SEX 6. COLOR OR RACE TO MARRIED THE B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
r deal and 3 may 2 with	Middle Wildowed Divorced Orderell 1907 (est birthdey) Months Days Hours Min.
F-0 5 F	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF RUSINESS OF INDUSTRY 11 RIPTHPI & CRISTIAN OF RUSINESS OF INDUSTRY 12 RIPTHPI & CRISTIAN OF RUSINESS OF INDUSTRY 13 RIPTHPI & CRISTIAN OF RUSINESS OF IN
s 1, 1 and 1	done during most of avorking life, even if retired) Trust Col worth Doroling the
24 hour PM3. PM3. Pwithin	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	George Henry Johnson Complete Tender Holds
	15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT
item 18. with for with for permit.	[Yes, no, or unkown] (If yes give we ror detes of service) 578-28-711 Murisl C. Johnson, Done Cont. # 2
uted the lise with with perm	IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
execuil in I	PART I. DEATH WAS CAUSED BY. Coute Connective heart bodiese
Por e se ritir se r	420 - DUE TO
should to say in period a Office a buriel	Conditions, if ony, which) (b) Convoncery of terms disease
F D V E	geve rise to immediate cause
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ertificate 1 "pendin Examiner e used as	
2 5 m 4 E 1	PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING CONTRIBUTIN
R: This the we Wedica hould	20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II or Pert I
IER: The yaff Medical School	
Zi ii ii ji ji	3 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20e. PLACE OF NJURY (Home, ferm, 20f. (City or town) (County) (Stote)
AM Wrij	20c. TIME OF INJURY Month, Day, Yeer Hour e.m. 20d. NJURY OCCURRED 2De. PLACE OF NJJRY (Home, ferm, Place of the control of th
Cate Date prior	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
	death resulted from: Natural causes [4]. Accident [7], Suicide [7], Homicide [7], Undetermined manner [7]
DICAI e certif arded RECT agent,	CHIEF MEDICAL EXAMINER
ME DIV	ACTUAL DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
execute ld be for IERAL esignate	DEPUTY MEDICAL EXAMINER
design	NAME (Type) Attended to the second of the se
DEL TY MEDIC asse execute the ce should be forward FUNERAL DIRE its designated age	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country). (Siete)
5 5 5 2	PORIS 10/1/5, 10/224 100,000; 10, 1240' CO' WO
VS. A15ME	23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
5M 7/59 😯	W. W. Steambers le Reverdale, My, DATE OCT 6 '61 arthur & Known
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Division of STATISTICAL RESEAR STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER **FOR STATE** CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission) a. COUNTY necessary, ector, Page Frince George's files. Health, Prince George's Maryland MARYLAND b. CITY OR TOWN (if outside corporate lim to c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write_RURAL end give nearest town) Cheverly DOA Randolph Village d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? George's General Hospital Central YES NO NAME OF Middle 4. DATE Year DECEASED OF (Type or print) Earl DEATH Jomes October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR ! IF UNDER 24 HRS last birthday) Months Malel WIDOWED | DIVORCED August 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if ratired) Steam fitter Heating New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joshua Jones Prentup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO | 17. INFORMANT (Yes, no, or unkown) i (livesgivewerordetesofservice) Haidee Jones, same as 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: office alor burial-tran IMMEDIATE CAUSE (a) Acute congestive heart failure DUF TO Coronary artery Disease geve rise to immed eta cause DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 0/1/ 19. WAS AUTOPSY PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Pert I or Part II of Iem 18.1) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. the Chief / R: Page 3 s ior to burie a A 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) (State) (County) Not While factory, street, office bldg., etc.) While et work | et work 21. I certify that I took charge of the remains described above, held an Autopsy 1 Inspection and in my opin on forwarded t death resulted from: Natural causes No Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL simuld be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MED CAL EXAM NER NAME (Typa) James I. Boyd Address (Street, city town, or county) 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) ₫40 å 23. FUNERAL DIRECTOR VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

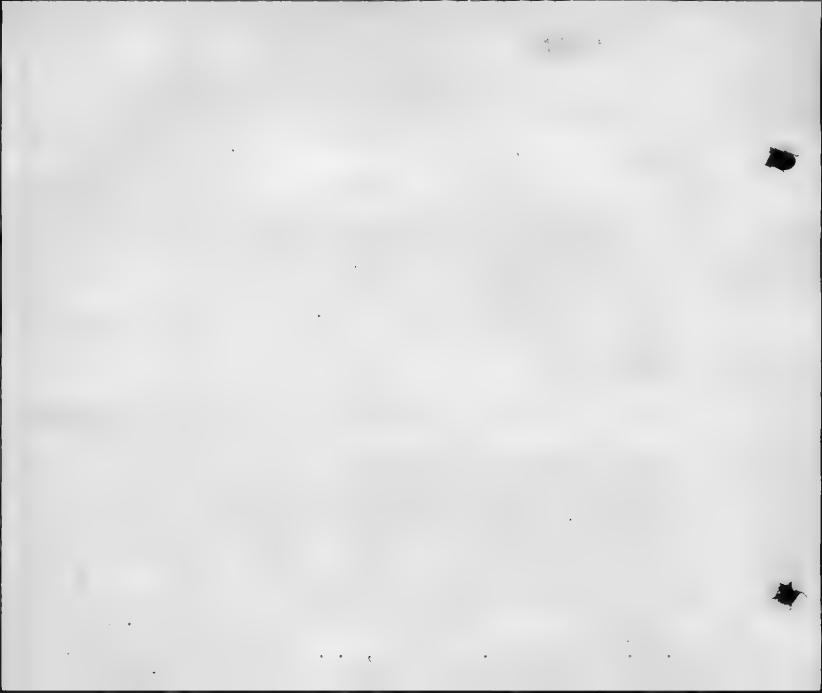


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11766 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution_Pesidence before admission) O COUNTY **b.** COUNTY MARYLAND 1000 funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give insbrest lown) NAME OF HOSP.TAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF First Middle 4. DATE Lost Month Year DECEASED OF (Type or print) 0.9 196 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours WIDOWED [DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 SIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY during most of working life, even if relired) houseleedeh 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mave 15. WAS DECEASED EVER IN U. &. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMÁNI (If yes, give wor or dates of service) ending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which ony gove rise to immediate DUE TO cause (a), sloting the underlying couse lost, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 1P WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) (Stole) MEDI factory, street, office bldg., etc.) Hour o. m. While Not while of work of wark p. m. 626 21. I certify that I ottended the deceased from 19 4, that I last saw the deceased and that death accurred at 9 alive an M. from the causes and an the dote stated above. DIRECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE prior should the registrar PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION/(City, town, or county) (Stote) REMOVAL (Specify) 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 2 VS A15 (4) Civiling S. Minus unera 15M 10/57 Ma Jahlboro.



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased I yed, If institution, Residence MARYLAND N (If outs de corparete limits, write RURAL end give neerest town) filled! ME OF HOSPITAL OR INSTITUTION (if not in hampital, give direct codress) ON A EARM? M dalla pape OF DEATH (Type or print) 10 196 7. MARRIED NEVER MARRIED 9. AGE (In yours IF UNDER 1 YEAR) lest birthday] physician 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER & MANDEN NAME please affending 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH CAREBRAL -AUSE 'at DUE TO (6) DUE TO (a), stating the underlying CONTRALIZED ARTERIOSIS cause last. use as the PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? CHRONIC NO X 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18 After 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stefe) factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: 21. I certify that (i) (His hospital) attended the deceased from AUG UST IV 196/, to 6 (7), that (i) (we) last 1961, and that death occured 8. 57 M, from the causes and on the date stated above saw the deceased alive on C.C.T. 226. SIGNATURE 22b. DATE ATTENDING PHYS. SIGNED PHYS. DIRECTOR 22c. PHYSICIAN'S L 22d. ADDRESS 238, BURIAL, CREMXION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete) Bridgeston, N.J. 5 I Overlook Cemetery -25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] Washington, D.C. PATE OCT 23 '61 15M 9/60

LAND STATE DEPARTMENT OF HEALTH



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signed by

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DIRECTOR

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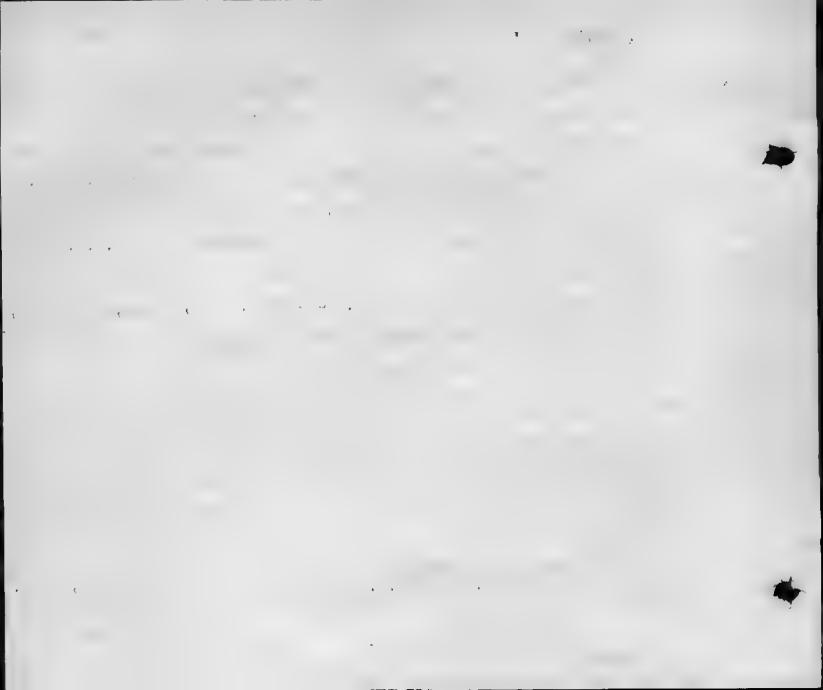
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, DALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If any tutions Ras dence before admission) a. COUNTY **b.** COUNTY Prince Georges CountymaryLand Prince Georges b. CITY OR TOWN (if outside corporete I mils, C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) for your Board of L write RURAL and give nearest town) Beltsville Beltaville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? refained ne State B 4220 Brandon Lane Brandon YES NO Y NAME OF 4. DATE DECEASED the the (Type or print) GRACE Belle KEESEE DEATH after October with, th 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR ! IF UNDER 24 HRS. 2 with lest birthday) | Months Female WIDOWED TY Jan. 15, DIVORCED [1906 55 10a. USUAL OCCUPATION (Give kind of work 124 hours after ive Pages 1, 2, PM3. Page 6 pages 1 and 1 within 72 H 10b, KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife At Home U.S.A. pages 1 within Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Lee Dove Mary Owen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT E 1 2 HOT Address 4220 Brandon (Yes, no, or unkown) (Hyesgivewerordatesofservice) None Cook. Lane Beltsvil 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] вопо ONSET AND DEATH MO PART I. DEATH WAS CAUSED BY: Acute Congestive Heart Failure IMMEDIATE CAUSE (a) r's Office s s a burial-t removale Office DUE TO Myocardosis Conditions, if eny, which geve rise to immediate cause writing the word "pending" e Chief Medical Examiner's Page 3 should be used as a to burial, cremation, or res **DUE TO** (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 01 19, WAS AUTOPSY PERFORMED? NO D 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, lEnter neture of injury in Part I or Part II of tem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) Month, Day, Year (County) factory, street, office bidg., etc.) please execute the certificate, wr 4 should be forwarded to the C 5 FUNERAL DIRECTOR: Pag or its designated agent, prior to Hour e.m. Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | X Inquiry [1. and in my opinion death resulted from: Natural causes XI, Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE October 28, 1961 JAMES EXAMINER'S NAME (Type) Address (Street, city, town, or county) 226, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial (Specify) Arlington National Ft Mver, 240 g 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Lee Funeral Home - Washington, D.C. VS. A15ME DATE OCT 3 1 '61 5M 9/60 arthur & Kines



MARYLAND STATE DEPARTMENT OF HEALTH

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physician

certificate

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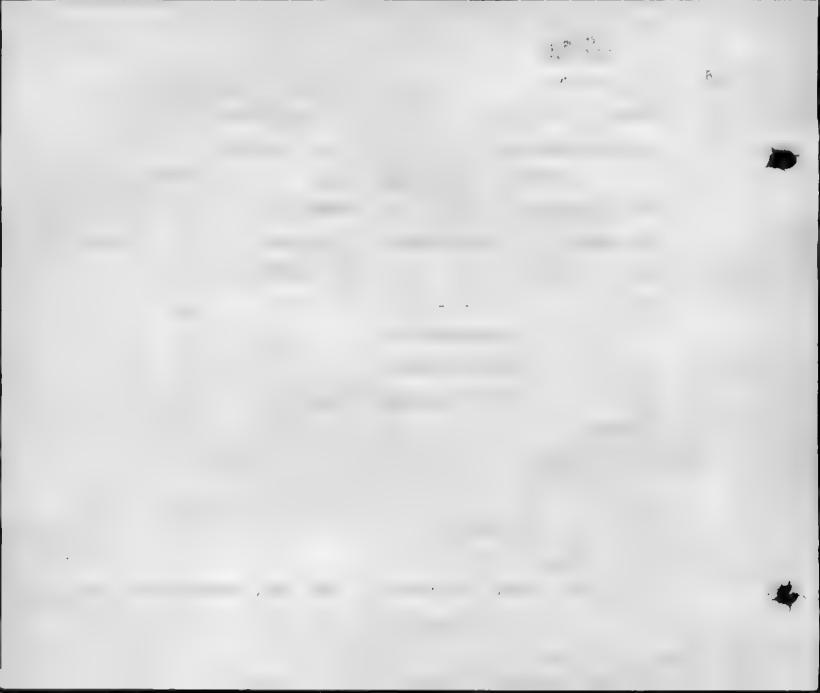
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please attending

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Pages filled



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 11777

CERTIFICATE OF DEATH

11757

arilar S. House

1 PLACE OF DEATH o. COUNTY Prince George 1	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	nere deceased lived. If institution b. COUNTY	on- Residence before admission)					
b. CITY OR TOWN (If outside corporate i RURAL and give nearest town)	imits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District of columbia							
Cheverly	34 Days		OT COTMIDE	1-11					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS e 15 RESIDENCE ON A FARM?						
Prince George G	eneral mospical	TOTA varo	rama Road N.W.	YES NO					
3. NAME OF DECEASED	First Middle	Last	4. DATE Mon						
(Type or print) Odie		Killebrew	DEATH Oct	T2 19 OT					
5. SEX 6 COLOR OR RAC	E 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years last-birthday)	Months Doys Hours Min					
_Romale Colore	WIDOWED DIVORCED	March 10, 189		Months Doys Hours Min					
	rk done 10b KIND OF BUSINESS OR INDE	ISTRY 11 BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
Housewife	⇒	North Car	colina	U. S. A.					
13. FATHER'S NAME		14 MOTHER'S MAIDEN N							
Charles Spruill		Saral	h Clark						
IS. WAS DECEASED EVER IN U. S. ARMED F	ORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Add	ress					
(Yes, no, or unknown) (If yes, give wor or dates	Mone None	Mr. Samuel Ke	lli_biHW-Son						
18. CAUSE OF DEATH [Enter only one		. /		INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED B	Congrestion	- Ha- 1	+ 5%	ONSET AND DEATH					
IMMEDIATE CAUSE	(a) Congestion	c /degy	1 1 41/4	The found					
331X DUE	10 0 - 1 - 100 - 1	1/	\wedge \wedge $$	1111					
Conditions, if ony, which) gove rise to immediate	(b) Stell 12/	V25C4/	a/ 1-tecid	and 6 whe					
couse (o), stoling the under	TO 1 - 1 - 1	11	1						
lying couse lost	(c) [5) en/12)	Myy	Jens I an	(O 4/2					
PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELAYED TO THE TERMI	NALDISEASE CONDITION GIV	'EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
[S]				AND NO TO					
PART II. OTHER SIGNIFICANT CO D OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINE)	70b DESCRIBE HOW INJURY OCCURRI [H R]	ED (Enter nature of injury in F	Port I or Port II of item 18.)						
3 20c. TIME OF INJURY Month, Doy,	Year 20d. INJURY OCCURRED 20e. P.	LACE OF INJURY (Home, form	20f (City or town)	(County) (State)					
20c. TIME OF INJURY Month, Doy, Hour o.m.		octory, street, office bldg., etc.	-)						
		5- 4-111	110-05						
~	tal) attended the deceased fram								
saw the deceased alive on	196 and that	death accurred a	from the causes an	d an the date stated above.					
22g_SIGNATURE		M D PHYS.	ED STAFF	225 DATE 10STENED					
22c, PHYSICIAN'S	1. Ches y		RECTOR PHYS						
	y A. Wise Jr. (M.D.	22d. ADDRESS	Bowie, Md.						
230 BUR.A. CREMATION, 276, DATE THE	REOF 23c ASAME OF CEMETERY C	OR CREMATORY	23d LOCATION (Cyly town,	or country (Store)					
REMOVAL (Specify) 10-14	-61 Irrealn	Mum.	Suttime	1110 Mid					
24, PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'I	D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE					
Henry & Washington	1 + Jen 4425 Ne	DATE OF DATE OF	CT 1 9 '61 (1	ribur & Kenne					

rs after death. Page 4 the funeral director, should be filed with filed with and 2 may be reconed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fillely age 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Boord of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. •OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) b. COUNTY Prince e. COUNTY Prince George s MARYLAND Marvland b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) for your t write RURAL and give nearest town) Cheverly D.O.A. Hvattaville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? he State B Memorial Hospital Leland Queensberry Road YES NOT NAME OF 4. DATE DECEASED OF the Ralph (Type or print) Clifton DEATH 1961 King October 19 with Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 2 wiff s f, 2, and 3 age 5 may f and 2 wil 72 hours a last birthdey) WIDOWED cuted within 2. The land is a sign of the 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. Retired Ohio File pages 1 Dist. Government 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 15 WATER SEPTER IN D. PRIMED FORCES? 4509 Madison Street permit. 1 (Yes, no. or unkown) | (If yes give wer or deter of service) Sue Hensel: Riverdale. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along v INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) in pencil Acute congestive heart failure removal **DUE TO** Cardiovascular renal disease (b) gave rise to immediate causa 40 Medical Examiner's DUE TO SB (e), steting the undarlying ò nsed cause lest. cremation PART II. OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 writing the word NO A Page 3 should by to burial, crem 20a. EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURED. (Entar neture of injury in Part I or Pert I of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, ; 20f, (City or town) (Stata) factory, street, office bldg., atc.] Not While Hour n.m. forwarded to the L DIRECTOR: Pa prior et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry death resulted from: Accident Suicide Homicide Natural causes Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL execute SIGNATURE 10/20/61 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Tames I. 22b. Date thereof Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. 22d. LOCATION (City, fown, or country) (State) REMOVAL (Spec.fy) a o Fransportation 10/23/61 Ohio Minerva, 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE

Hyattsville, Maryland DATE OCT 2 4 '61

Cultury S. Firms

VS. AISME

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Francis Gasch's Sons



filled in by the funeral Pages 1 and 2 should within 24 hours after 72-hours after TO RECEIPTAL OR ATTENDING PRYSICIAN; The law requires that the death certificate be exected death wage 4 may be retained by the hospital on attending physician.

To runteral directors. After this certificate has been signed by the attending physician and compared director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

To runteral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11773

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Rasidence before admission)
Pride George Maryland	a. STATE Maryland b. COUNTY Prince George
b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Beltsville d NAME OF HOSPITAL OR INSTITUTION (if not in hospita), g ve Preet eddress)	Beltsville d STREET ADDRESS 1 . IS RESIDENCE
11303 Montgomery Road	11303 Montgomery Road YES NO N
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
	ING. SR. DEATH 8th October 19 61
The state of the s	24th June 1880 St yrs. Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11 BRTHPLACE (County & State, or foreign country) 12. Cit ZEN OF WHAT COUNTRY?
Machinist (ret.) B. &. D. R.R.	Sandy Spring, Marylad U.S.A. 14. MOTHER'S MAIDEN NAME
Sylvester King	Unknown _
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(Ifyesgivewerordatesofservice)	INFORMANT Address
18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c,)	James R. King, Jr. Same As #2
PART I DEATH WAS CAUSED BY:	priser and Death
IMMEDIATE CAUSE (a) DUE TO	animent, _
Conditions, if any, which \ (b) Americanic	andioverenten deserve 15 years
geva rise to immediate cousa (a), stating the underlying DUE TO	
couse lest. (c) arterioralis	wais, generalized 35 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OIL EITHER, NOTIFY MEDICAL EXAMINER)	DI RELATED TO THE TERMINAL DISEASE COMDITION GIVEN IN PART (0) 19. WIS AUTOPSY PERFORMED? YES NO NEW YES NEW YES NO NEW YES NO NEW YES NEW YES NO NEW YES N
	C. Enter neture of injury in Pert I or Pert II of stem IB.)
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	Macy 1961, to Oct 8., 19. 41, that (I) (we) last
	death occured at 10 M from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED STAFF
22c. PHYSICIAN'S NAME (Type)	D. PHYS. DIRECTOR PHYS. 10/9/61
230. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (5iste)
Burial 12# Act. 61 Meadowridge	
24 FUNERAL DIRECTOR'S SIGNATURE - ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Thickery frequencies GlenBurnie	Md. DATE UCI 13 61 willing S. Thrus



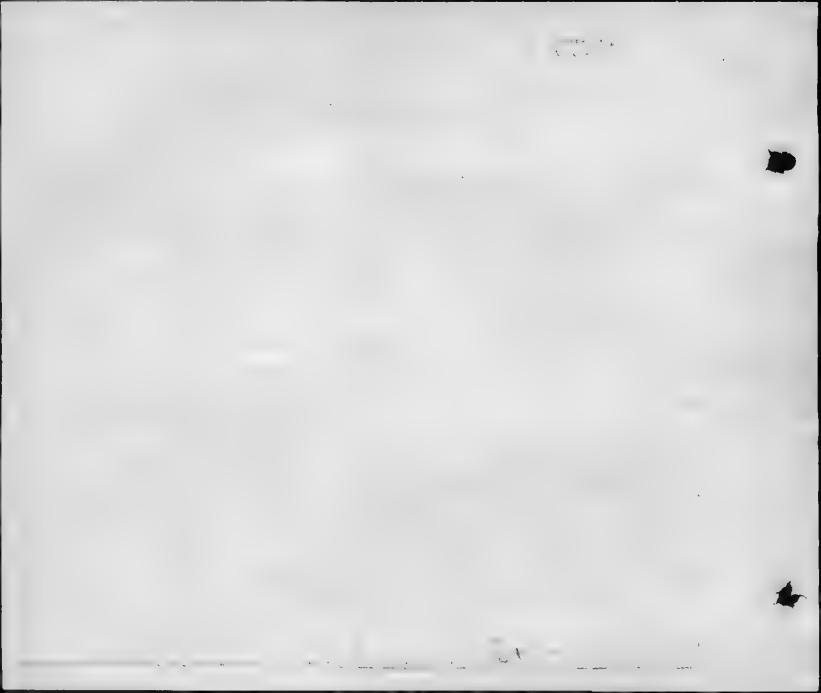
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) B. COUNTY Maryland Prince George's # 2 F Prince George's MARYLAND b. CITY OR TOWN ("Foutside corporete limits, and & LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) by write RURAL and give neerest town) Cheverly Jilled in Pages 1 after (Cedar Heights 31 days Pages d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp-tel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? Prince George's General Hospital 1109 6hth Place YES NO 3. NAME OF 4. DATE Middle Year paper DECEASED OF comple October 1961 [Type or print] Kingsborough DEATH Trene 6 COLOR OR RACE 7, MARR ED NEVER MARRIED X 9. AGE Un Voors HE JNDER 1 YEAR IF UNDER 24 HRS. pue carbo lest birthday) Months Days WIDOWED [DIVORCED [event, Female Holored гетоме 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM attending Inene F Kingsbonough

Inene F Kingsbonough ō 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. (Yes, no, or unknwn) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH ,Enter only one cause per tine for (e), (b), and (c) ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of the brain signed IMMEDIATE CAUSE (e) certificate has been signe r use as the burial-transit **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying the burburial, couse lest. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO T prior 20e. ACCIDENT WAS UNDERLYING | 1 20b DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Peri I of Irom 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Not While While et work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from less with deceased alive on 0e 23.4 and that death 10 Oct of the 19 (i) (we) last 22b. DATE 22a. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. FUNERAL 22c PHYSICIAN'S 22d. ADDRESS NAME (Type Crescent Rd. #108, Greenbelt, Md. Bergemann director, be filed 230 PURIAZ, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OH 250, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNAT VR A15 (4) DCT 3 0 '61 15M 9/60 Chilma & Hours



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) a. COUNTY 5 COUNTY MARYLAND b, CITY OR TOWN (if outside corporete limits, TY OR TOWN (If one de corporete limits, write RURAL and give nearest town) 70 LENGTH OF STAY IN 16 by , write RURAL and give negrest town) 68 d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YE5 NO X 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. COLOR OR RACE 7, MARRIED NEVER MARRIED b rhdey) Months, Days Hours DIVORCED [12. CITIZEN OF WHAT COUNTRY? physicii ealsle 13. FATHER'S NAME please attending | 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURTY NO (If yas give war or dales of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), l INTERVAL BETWEEN ONSET AMD DEATH PART I. DEATH WAS CAUSED BY: JMMED, ATE CAJSE (e) Miller a clear 26 Conditions, if eny, which geve rise to immediate causa DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,6); 19. WAS AUTOPSY PERFORMED? NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCR 8E HOW INJURY OCCURED (Enter neture of injury in Pert Lor Pert Lor Item 18) (State) 20c. THE OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm 20f. (City or town) (County) Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from the 19 44, and that death occurred at 4.1.M, from the causes and on the date stated above. saw the deceased alive on... ATTENDING . 22b. DATE 22a, SIGNATURE SIGNED DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c PHYSICIAN S 23d. LOCATION (City, town o 1 de 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Thous 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before edmission) a. STATE MARYLAND C CITY OR TOWN It outs de corporate limits, write RURAL end give gyprest town b. CITY OR TOWN (if outside corporate C. LENGTH OF STAY IN 16 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address a. IS RESIDENCE ON A FARM? CAM OF YES NO DECEASED OF (Type or print) DEATH AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6 COLOR OR RACE Last birthdey) Hours 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nna MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give wer or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c) PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Conditions, if any, which gava rise to immadiate ceuse (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PERFORMED? 20a ACCIDENT WAS UNDERLYING | 120b. DESCRIBE HOW NURY OCCURED. (Enter neture of in any in Pert Lor Part II of item 18.)
OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e PLACE OF INJURY (Home, ferm, , 20f. (C.ly or town) 20c. TIME OF INJURY (County) fectory, street, office bldg., etc.) While Not While et work 21. | certify that (I) (this hospital) attended the deceased from...... that (1) (we) last ... and that death occured at ... R.M., from the causes and on the date stated above saw the deceased alive on.. 22b. DATE 22e. SIGNATURE DIRECTOR PHY5. 22c. PHYSICIAN'S 22d. ADDRESS

Ph Gase **Intending** Π, FUNERAL director, be filed v 0 VR A15 (4) 1SM 9/60

-19-61

Malin

NAME (Type)

WesTMINISTER

23d. LOCATION (City, fown or county)

MONTEOMERY CO.

256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNAT



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

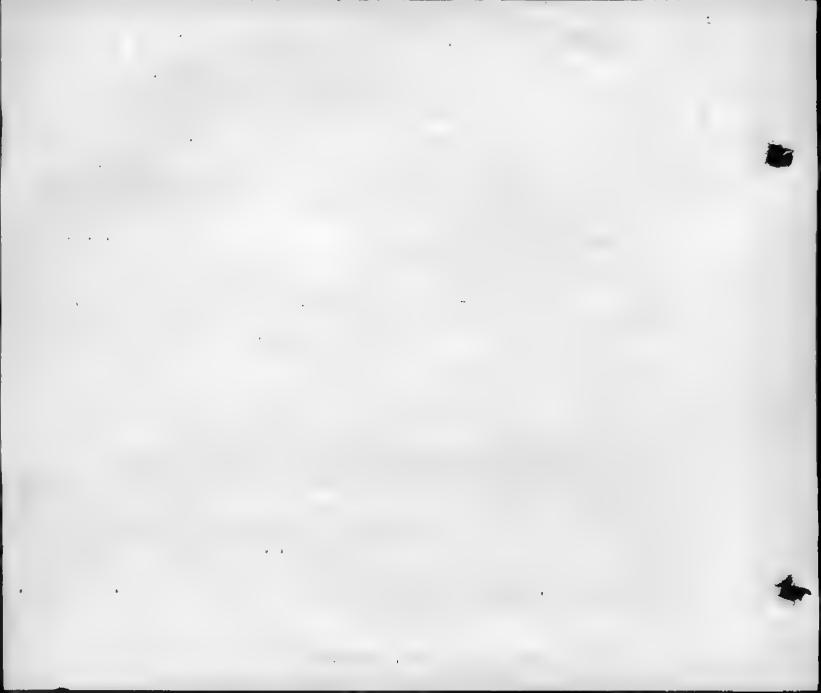
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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b. COUNTY TO COOK					
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)					
d. STREET ADDRESS	e IS RESIDENCE				
950h Tuckerman Street	ON A FARM?				
Lost 4. DATE Month	Day Yeor				
Kuehn October	19' 1961				
	YEAR IF UNDER 24 HRS				
12-30-96 64 yrs. Manths D	Poys Hours Min				
STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZE	N OF WHAT COUNTRY				
Maryland U	. S. A.				
14. MOTHER'S MAIDEN NAME					
Renate Schmidt					
NFORMANT Address					
Ruby L. Kuehn Same as #2 (V	Wife)				
	INTERVAL BETWEEN ONSET AND DEATH				
- 1 Dlowneh	Ispen				
0					
me later	2 samelia				
	1 weeks				
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?				
	YES NO				
D (Enter nature of injury in Part I or Part II of item 18.)					
	ounty) (State				
10/2/61 19 to Oct 19 19 0	that (1) (we) las				
A - M-	22b. DATE SIGNE				
M.D. PHYS. DIRECTOR PHYS	3101420				
22d. ADDRESS 31:08 Rhode Tsland Avenue. Mt.	Rainier. Md				
	-				
	aryland				
250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGN					
laryland DATEST 24'61 Chillus S. H.					
	CITY OR TOWN (If outside corporate limits, write RURAL and give Seabrook d. STREET ADDRESS 9504 Tuckerman Street Lost OF DEATH October 8. DATE OF BIRTH I. 2.30-9.6 STRY II. BIRTHPLACE (Stole or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Renate Schmidt NFORMANT Address Ruby L. Kuehn Same as #2 (I) Concept Control of Injury in Part I or Part II of item 18.) ACE OF INJURY (Home, form, later) Color, street, office bldg., etc.) ATTENDING OF DIRECTOR PHYS 22d. ADDRESS 3108 Rhode Island Avenue, Mt. Colorar Manor, M. 23d. LOCATION (City, town, or country) Colmar Manor, M. 23d. LOCATION (City, town, or country) Colmar Manor, M. 23d. LOCATION (City, town, or country) Colmar Manor, M. 23d. LOCATION (City, town, or country) Colmar Manor, M. 23d. LOCATION (City, town, or country) Colmar Manor, M. 23d. LOCATION (City, town, or country) Colmar Manor, M.				

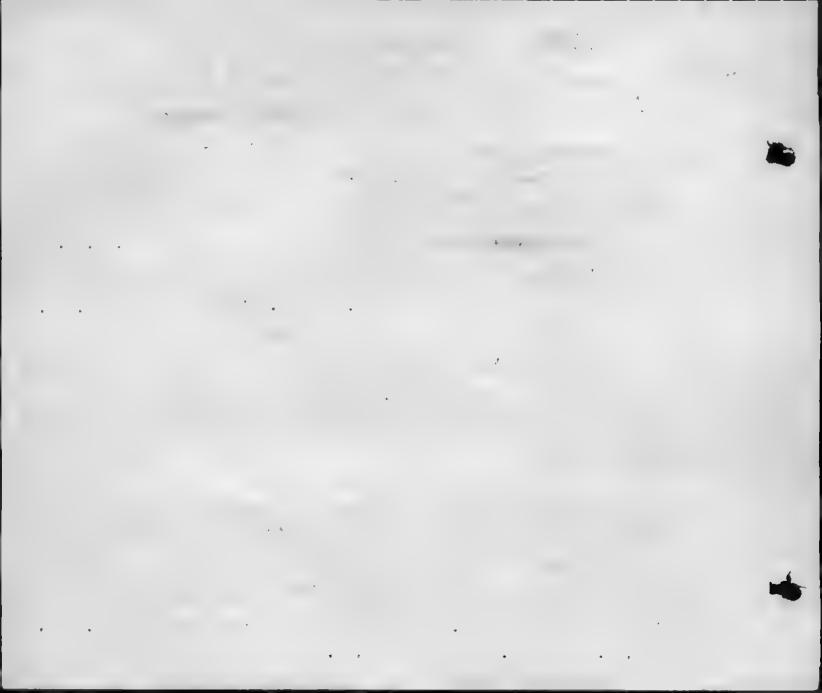
s after death. Page 4 the funeral director, should be filed with Poges 1 may be refixed by the hospitol ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely file page 3 should be detached for use as the burial transit permit. Then please remave carbon papers Pages 1 the State Boord of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 VR A15 (4) 1SM 9/S9



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral Georges County 2. USUAL RESIDENCE (Where decessed I ved, If institution: Residence before edmission) PLACE OF DEATH c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)

Takoma Park e. COUNTY by the and 2 E. LENGTH OF STAY IN 16 b. CITY OR TOWN (f outs de corporete limits, þ write RURAL and give neerest fown) led in t MYK REPORT OF THE PROPERTY AND A STREET Pages in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? Fairview Ave. YES NO K 3. NAME OF Middle DECEASED OF COMPI DEATH Dello (Type or print) IF UNDER I YEAR ! IF UNDER 24 HRS. 6. COLOR OR RACE! 9. AGE (fr years 7. MARRIED PI NEVER MARRIED lest birthdey) Months Davs Hours 1886 WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if re S. Retired restaurant Greece owner 13. FATHER'S NAME MOTHER'S MAIDEN NAME please ding George Limperos unknown aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT The 906 Fairview Ave (Yes, no, or unkown) (Ifyesg vewerordates of service) Mrs. Mary A. Limperes_Takoma Pk. Md. none IB. CAUSE OF DEATH |Enter on y one cause per I ne for (a) (b) and (c), INTERVAL BETWEEN ONSET AND DEATH Occlusion I. DEATH WAS CAUSED BY: er777 1719 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate couse DUE TO (a), steting the underlying WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part f or Part II of item 18.) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day Year factory, street, office bldg., etc.) Not While While Hour a.m. et work et work DIRECTOR 21. I certify that (1) (this hospital) attended the deceased from 1.494 1912..., that (I) (aue) last 19.6. and that death occurred at P.M. from the causes and on the date stated above saw the deceased alive on. 22b. OATE 22e. SIGNATURE ATTENDING SIGNEO DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BUR AL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 0.58 Lincoln Cemetery Prince Georges Burial H 250, RECIDITY REGISTRAR 256, REGISTRAR'S SUBNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Hines Co. Washington, D. C. 15M 9/60



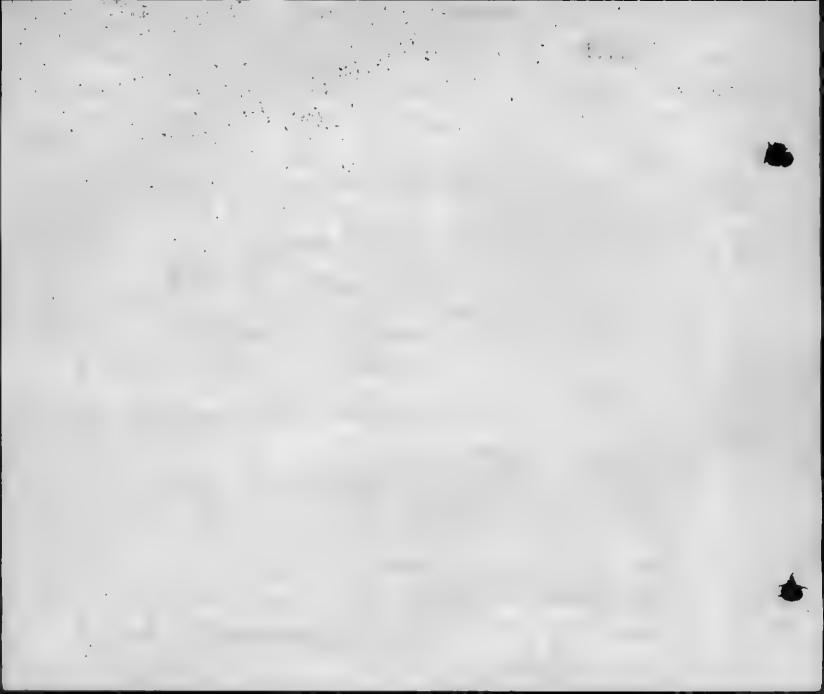
FOR STATE HEALTH DEPT

VS. A15ME 5M 9/60

MARYEAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11770 MEDICAL EXAMINERS	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed flyad, If institution: Residence before admission)
(I	. COUNTY P	o. STAPE
Y	b. CITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
А	write RURAL and givenness town)	A SECULIA (IL DUINGE COIPOISIE IIIIII), WILLS KOKAL SING GIVE HEBISI (OWI)
	Seat Placesant 11 years	- seat l'easurt
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
1	206- 69 th Street	1 206-69 & Street YES NOLT
ľ	3. NAME OF First Middle	Last 4. DRTE Month Day Year
ı	DECEASED [Type or print]	To DEATH COLF 9 1961
ŀ	5. SEX HOLCOLOR, OR WALE 7 HARDISH TO POSTUTE HARDISH TO 8.	DATE OF BIRTH 9. AGE (In years HF UNDER 1 YEAR) IF UNDER 24 HRS.
1	The state of the s	1/9/AT last birthday) Months Days Hours Min.
	nicle WIDOWED DIVORCED L	price 1/1/916 1 4/2 Mrs.
-1	done during most of working life, even if settined D	11 BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
-	Steam aperator Volonos Vecture Van	to Virginia U.S. G
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Kubin Kellen Joney	K-02- 1/2- 7/
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address
1	(Yes, no, or Uskown) (Ifyergive were detesofservice) 577-05-0278 Min	C # 7 7 7 7
ŀ	\$17-03-0-7-17/30	
1	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ge and snock
1	OUE TO	Y
ı	Conditions, it any, which) (b) Guen Shot	wound of Chest
ı	gave rise to immediata cause	
П	(a), stating the underlying	
ı		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTR	PERFORMED?
ı	<u> </u>	YES NO
	208. EXTERNAL CAUSE WAS 208. DESCRIBE HOW INJURY OCCURED. (Ent. PRIMARY OF CONTRIBUTING	tar nature of injury in Part I or Part II of (tam 18.)
	art of the second	thest
ł	Land Land Land Land	E OF INJURY (Home, farm, 20f (City or lown) (County) (Stata)
-}		one seat lear I P. S had
-	21 I certify that I took charge of the remains described above, held	an Autopsy . Inspection I Inquiry A- and in my opinion
		le Homicide Undetermined manner
5	Todan resulted work Transfer courses []. Accident	CHIEF MEDICAL EXAMINER
ı	ACTUAL A	
1	SIGNATURE James 3, 1 Joyal	M D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S /	DEPUTY MEDICAL EXAMINER 10-9-6/
;	NAME (Type) WAMES I, DOVE	Addrass (Street, city, fown, or county)
	22b. BURIAL, GREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	CREMATORY 22d, LOCATION (City, lown, or country) (Slata)
	Bureal 10/13-1961 Xela H	ell Suitland, Ind
1	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRANS SIGNATURE
	Jakent a maltinaly	DOT DATE CININA & Trava
- 1		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution, Residence before admission) a. COUNTY a. STATE **b. COUNTY** by the and 2 death. PRINCE GEORGES MARYLAND PRINCE GEORGES by th b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) ANDREWS AIR FORCE BASE OXON HILL .5 7 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 5518 BELFAST DRIVE US_AIR FORCE HOSPITAL 3. NAME OF DATE Middle DECEASED MARGARET (Type or print) DEATH MANDEVILLE OCTO BER carbon 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR and last birthday) FEMALE CAUCASIAN 15 APRIL 1912 WIDOWED [DIVORCED physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 10e. USUAL OCCUPATION (Give kind of work dona during most of working life, evan if retired) NONE VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl and in DANIEL W NICHOLS ALMA GILLAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Then Addrass removal, (Yas, no, or unkown) | (If yes givawar or datas of sarvica) lan. NO. HUSBAND SAME 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] ò PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CIRCULATORY AND RESPIRATORY FAILURE burial-transit **DUE TO** CEREBROVASCULAR ACCIDENT [6] gava risa to immadiata causa DUE TO (a), slating the underlying SURGERY AND ANESTHESIA causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY certificate 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'njury in Part I or Part I, of Itam 18.) 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After Month, Day, Year 20d. INJURY OCCURRED , 20a, PLACE OF INJURY (Homa, term, 2Dl. (City or town) 20c. TIME OF INJURY factory, straat, offica bldg., etc.) While Not While Hour a.m. at work at work may be retain DIRECTOR: 21. I certify that X (this hospital) attended the deceased from 4 October, 1961, to 6 October, 19.61 that (X (we) last 1061 ... and that death occured at 200 A, from the causes and on the date stated above October pinous saw the deceased alive on 22a, SIGNATURE **ATTENDING** MARD PHYS. DIRECTOR PHY5. 22c. PHYSICIAN'S 22d. ADDRESS USAF HOSPITAL, ANDREWS AFB, MD ROBERT J MCCANN. Major USAF MC 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d, LOCATION (City, town or county)

ADDRESS

S SIGNATURE

克克 0 VR A15 (4) 15M 9/60

that

ARLINGTON. VIRGINIA ARLINGTON NATIONAL CEM. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE OCT 1 0 '61

Cirthun S. Thousa

(County)

. IS RESIDENCE ON A FARM? YES NO X

Year

19 61

Hours

INTERVAL BETWEEN

ONSET AND DEATH

14 Hours

14% Hours

PERFORMED? YES X NO

(State)

DATE

6 OCT 61

SIGNED

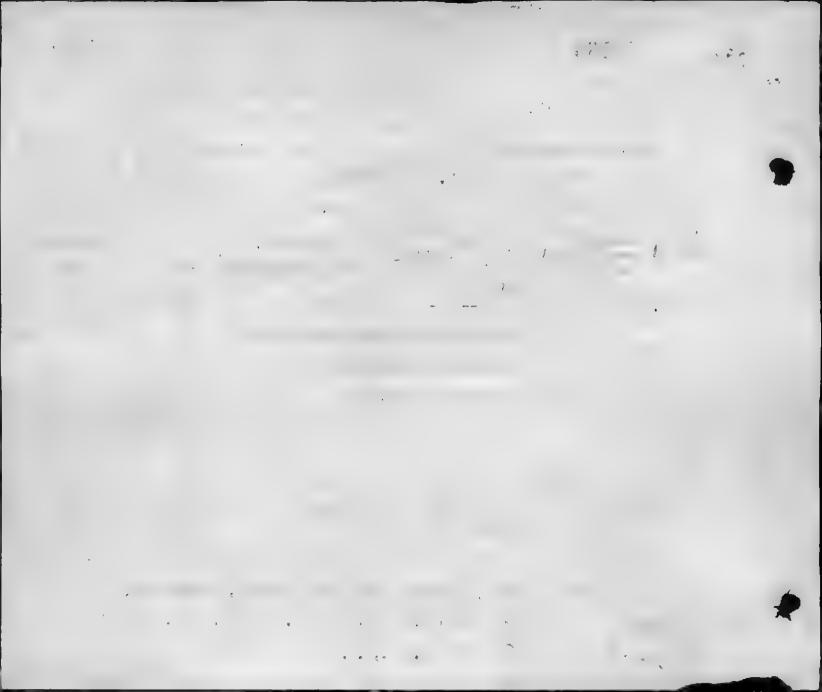
12. CITIZEN OF WHAT COUNTRY?

UNITED STATES

ITEM #2

Months

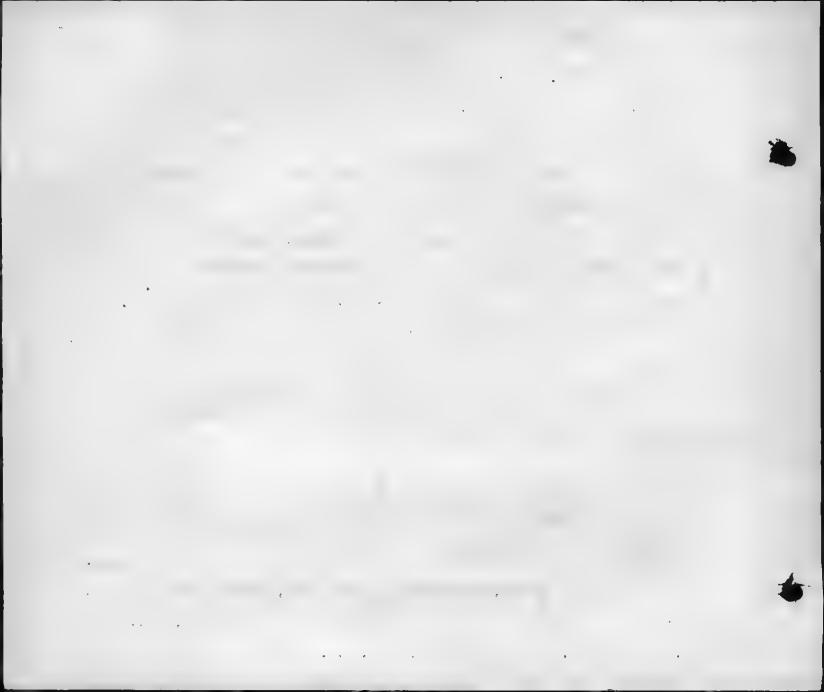
IF UNDER 24 HRS.



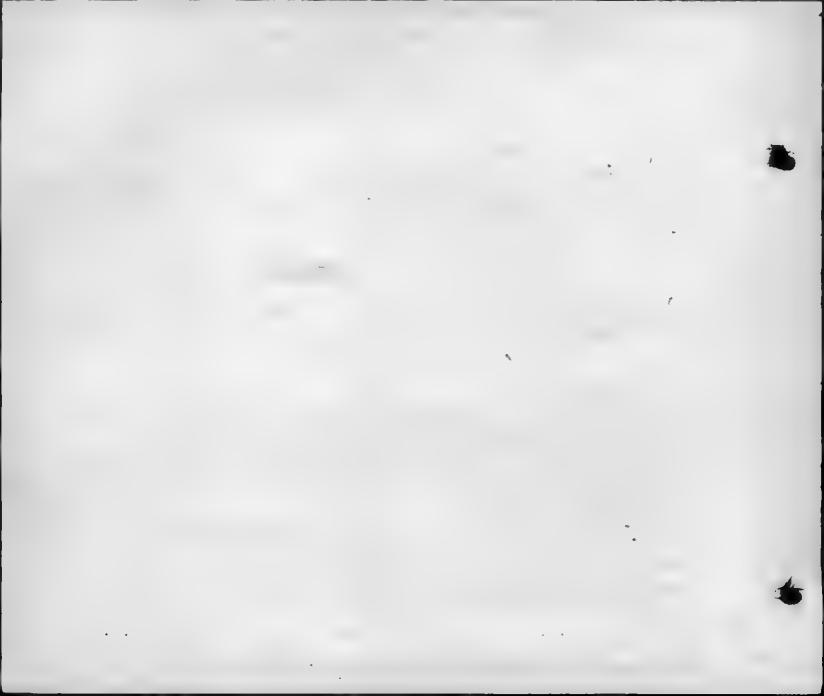
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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Co.	RAI	page 3 should be detoched for use as the buriot-transit permit. Then please remove corban pages. Page Arana 2 should be filed with	the State Board of Health prior to buriol, cremotian, or removal, and in any event, within 72 hours ofter deeth.		
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0	E O	pd	T.		
TO HOSP GRATENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 within 25	may be read by the haspital at attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled the funeral director.	(4) 59			
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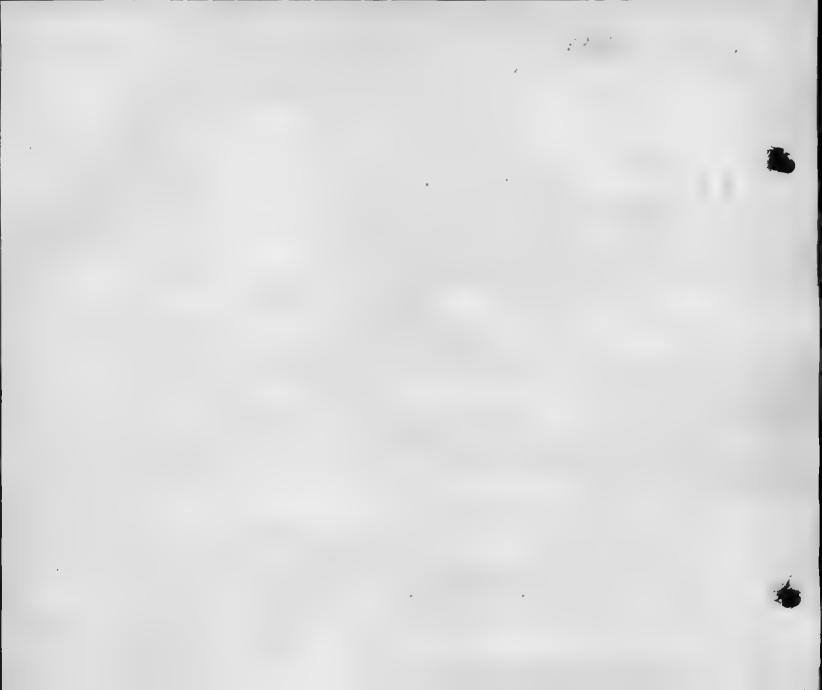
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PRINCE GEORGES MARYLAND				D 2.	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admiss an) a. STATE b. COUNTY PRINCE GEORGES						
b. CITY OR TO RURAL and	WN (If outside corporate limit		c. LENGTH OF STAY IN 1		c. CITY OR TOW		tside corpara	te limits, write	RURAL ond	give neares!	town)
ANDRE	S AIR FORCE B		4 DAYS		GLASS		R		<u> </u>		
OR INSTITU			address)		d. STREET ADDR			•	1	e. I	RESIDENCE
US AI	R FORCE HOSPIT	AL			4827	4th_	AVENUE			Y	S NO [
3 NAME OF DECEASED (Type or print)	TROY	şî.	Middle STEVEN		MARCELE:	NO	4. DATE OF DEATH	OCTO	BER	Day 2	Year 19 6
S. SEX	6. COLOR OR RACE	7 MAR	RIED NEVER MARRIED	B D/	ATE OF BIRTH		9	. AGE (In year lost birthday)	-	R I YEAR IF	
MALE	CAUCASIAN	WIDOW	/ED DIVORCED]	23 MAY	1958		3 yr		Doys H	ours Mir
NONE	JPAT ON (G ve kind af work of working life, even if retired)	lane 10b.	, KIND OF BUSINESS OR IN		DALLA	S, T	EXAS	niry)		TIZEN OF WI	
TROY M	ARCELENO			14	MOTHER'S MA			DO			
(Yes, no, or unknown)	EDEVER IN U. S ARMED FOR			7. INFOR			4827		cires .		
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gave rise couse (a), si lying couse	to immediate oring the under lost. (b)	Co	rebral A	BUT NOT	TELÉ DE	erfai.	utile	Parak CONDITION Q	LEN IN PA	3 C	year Vas autor
PART I PART I 20a. ACCIDE OR CONTRIB (IF EITHER, N	Mento	e s	Retardo	etco	'n						S NO
	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	206. DES	SCRIBE HOW INJURY OCCU	RRED. (E	nter nature of inj	ury in Po	ort I or Port I	l of item 18.]			
Hour Hour	INJURY Month, Day, Yea o m p. m. 19	While		factory,	OF INJURY (Hom street, affice bld	ie, form, lg., etc.)	20f. (City o	r town)		(County)	(Sto
21. I certifi	y that (I) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX) atten	ded the deceased fra			196				61, that ie date sti	
226 SIGNATI 22c PHYS CI	all W M	Pole	alero	M D.	ATTENDING PHYS.	_ MEI		STAFF PHYS		OCTOB	22b.DATE SIGN
NAME (1	ARNOLD A ABR	AMO,	Capt USAF MO		USAF HO	SP,	ANDREY	S AIR	FORCE	BASE,	MD
230 BURIAL CRE REMOVAL (S Burial	MATION, 23b DATE THEREO 10/3/61	F	23c NAME OF CEMETER	Y OR CR	EMATORY			ON (Cily, lown allas,			(Stote)
	CTOR'S SIGNATURE		ADDRESS			o. REC'D	BY REGISTR	AR 2Sb. REC	SISTRAR'S S	IGNATURE	
W.W.Cha	mbers Co. 517	11.	th St. S.E. W	ash.	D.C. DA	TE OO	T A 261	1 /	1 +1 - 6	2 41	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



RDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if institution: Residence before admission) e. COUNTY b. COUNTY a. STATE by the and 2 death. Prince George's Prince George's MARYLAND Maryland b. CITY OR TOWN (if outs de corporate limits, C LENGTH OF STAY IN 16 c. CTY OR TOWN (If outside corporate limits, write RURAL and give regrest town) write RURAL end give neerest town! Cheverly after Days Laurel d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, g ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Prince George's General h02 Main Street 3. NAME OF Midd a 4. DATE Month DECEASED OF bai (Type or print) DEATH 1967 October Margaret McCenev carbon SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED I B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months WIDOWED T DIVORCED Female evenf 10e. USUAL OCCUPATION IG ve kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even of retired) 13. FATHER & NAME <u>6</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknwn) | [[fyes give wer or detes of service 18. CAUSE OF DEATH [Enter only one cause pee line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 0): 19. WAS AUTOPSY PERFORMED? NO T YES , 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part I of Item 18) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 1 20d, INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) Whila Not While Hour e.m. at work at work 21. I certify that (1) (this hospital) attended the deceased from Jul to.C 2.5...., 19 (1) (we) last . 19 4/, and that death occurred at Mr. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAF DIRECTOR PHYS. M.D. October 22c. PHYS.CIAN'S 22d ADDRESS NAME (Type McCeney, M.D. h02 Main Street, Laurel, Maryland 23d. LOCATION City, lown or county) (State) 23a. BURIAL, CREMATION, 23b. O to I REGIO BY REGISTRAR 256 EGISTRAR'S MIGNATURE FUNERAL DIRECTOR'S SIGNAZUJE VR A15 (4) Children S. Thomas 15M 9/60



TMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAN -Item 4 Film G298-SIDENCE (Where deceased lived, if natifution; Residence before admiss on) 1. PLACE OF DEATH a. COUNTY 1 MARYLAND 12 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, TO F LENGTH OF STAY IN 16 þ IS RESIDENCÉ d. NAME OF HOSPITA, OR INSTITUTION (if not in hospital, give street address, ON A FARM? YES NO X Middle 3. NAME OF Month DECEASED (Type of print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Z. MARRIED NEVER MARR ED last birthday) Months | Deys D VORCED B STHP: ACE (County & Stell) or fore an country, 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) physici HOUSE WIFE attending pl 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) enche Carolic IMMEDIATE CAUSE (a) geve rise to immediate ceuse DUE TO (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? NO 20e, ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part I of Item 18)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg , etc.) Not While Hour am et work at work 1941/ to 16 24 1 1941, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. Janks 22a, SIGNATURE ATTENDING ! SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60



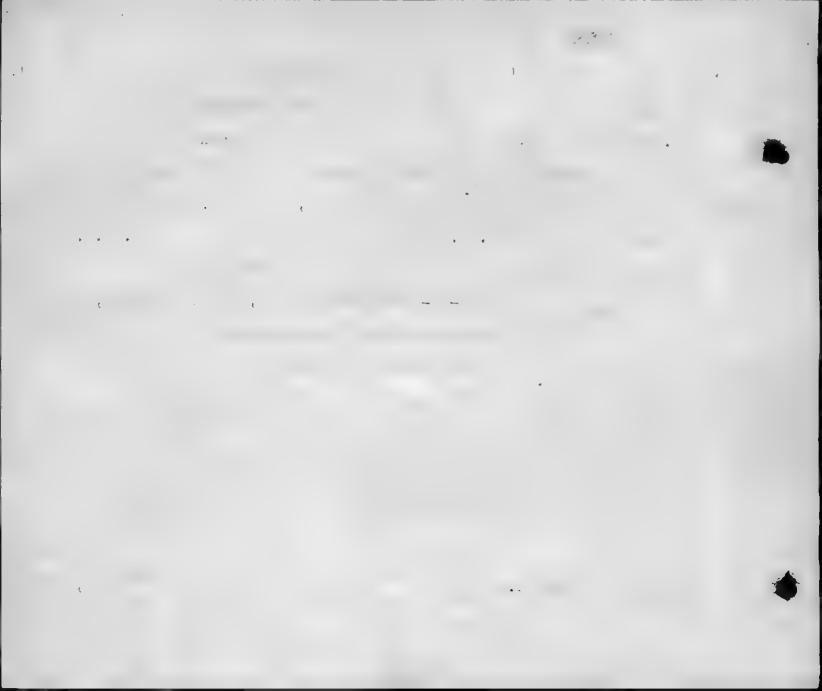
FOR STATE IO D. M.Y MEDICAL EXAMINER: This certificate should be enecuted within 24 hours after dnath. If a tay is necessary, allease execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the local director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2. Affilt the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 forms after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1785 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Parent.		
	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed I ved, If institution: Residence before admission)
IA	Prince George's MARYLAND	. STATE Maryhand b. COUNTYPrince George's
	b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 16 Capital Heights 1 hour	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Seat Pleasant
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	
X	Dr. Brainin's Office	406 70th Place
-	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Charles Arthur	McNaney Death October 3 19 61
0		B. DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		July 26, 1887 harry birthday) Months Days Hours Min.
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	The state of the s
	Clerk U. S. Govt	Deleware U. S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Philip McNaney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1.17. 1	Nancey Titus 103 70th Place
	(Yes, no, or unkown) (If yes give we ror detes of service)	Marvin Bann, Seat Pleasant, Md
	NO 5'''-12-28\$'.	
		ve heart failure
	MAREDIATE CAUSE (e) ACUTE CONGOSTI	40
	Conditions, if eny, which (b) Coronary arter	y diseawe
	geve rise to immediate cause (a), stating the underlying DUFTO	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
0		YES NO 🔃
	FRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter nature of Injury in Part I or Part II of Itam 18)
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour e.m. p.m. 19 et work et work	
	21. I certify that I took charge of the remains described above, he	old an Autopsy , Inspection , Inquiry , and in my opinion
THE STATE OF THE S	death resulted from: Natural causes . Accident . Suic	ide, Homicide, Undetermined manner
	ACTUAL 0 13	CHIEF MEDICAL EXAMINER
- 1	SIGNATURE DATE	ASSISTANT MEDICAL EXAM NER DATE SIGNED
	EXAMINER'S James I. Boyd	Address (Street, city, town, or county) DEPUTY MEDICAL EXAMINER R October 3, 1961
	220. BURIAL, CREMATION 226. DATE THEREOF 220. NAME OF CEMETERY OF	
	Burial 10-6-6/ Geder Hell	Comeley Suitland, Maryland
	23. FUNERAL DIRECTOR	246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	VV, VV, Convertee 1200. Umerecan	Pi 10107 - DATE OCT 5 '61 Onther S. Kraus



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11785 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution, Residence before edmission)
o. COUNTY	e. STATE b. COUNTY
MARYLAND MARYLAND	Mg 11. 260
b. CITY OR TOWN (if outs'de carporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rugerdale	Maria de la companya del companya del companya de la companya de l
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS a. IS RESIDENCE
1 1 1 1 1 1 1 1 1 1 1	ON A FARM?
the and Memorial Herry	The Mite House Fort MES NO
3. NAME OF First Middle Middle	Last 4. DATE Month Dey Year
(Type or print)) DESTH / - 1 10 /
5. SEX 16. COLOR OR RACE TO MARRIED TO MEYER MARRIED TO	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF B.RTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Days Hours Min.
1 E Male 1 WITE WIDOWED DIVORCED	6-14-92 69 yrs. 10013
10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR NOUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. C.TIZEN OF WHAT COUNTRY
done during most of working life, even it retired)	1 %- 1 1 6 3
Housewife 1	1 - new york - Win /
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
tred Line 4.	1 m kanner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.	INFORMANT . Address
(Yes, no, or unkown) (If yes give we ror detas of service)	
_ NO 5 17-38-1619	Most for 116
18. CAUSE OF DEATH (Enter only one cause per line for (a , (b), end (c))	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	VIA. Ovary CLiver Metastasi-
IMMEDIATE CAOSE (9)	
DUETO 7/ _ 1 - E	1 honel
Conditions, if any, which \ (b) (7 = Date = 3	21/4+4
geve rise to immediate ceuse DUE TO	
(a), siering ine underlying	
ceuse lest. (c)	The state of the s
PART II. OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+); 19. WAS AUTOPSY PERFORMED?
TA .	YES NO T
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING 1 CAUSE OF DEATH ITERITIES THERE, NOTIFY MEDICAL EXAMINER;	D. (Enter nature of injury in Part I or Part I of Itam 18.)
OR CONTRIBUTING CAUSE OF DEATH	
,	ACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State)
Hour e.m. While Not While tack	nory, street, orace biog., etc.)
	The state of the s
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	t death occured at 2.PM, from the causes and on the date stated above
220 SIGNATURE	22b. DATE
Him on The Taking	ATTENDING MED. STAFF PHYS DIRECTOR PHYS. 16-1-6
	AD. PHYS DIRECTOR PHYS.
NAME (Type) Jet 1	7315 dand on Rd. Kent Village, Mil
NAME (TYPO) THOMAS M. HUTCHINS	1510 annustrajout. Turis a courty 1 1115
23a. BUR AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fown or county) (State)
REMOVAL (Specify)	N. CEMETER Bladensburg Ind
BURIAL WELL 1901 FETT LINCOL	The state of the section with the section of the section of
24 FUNERAL DIRECTOR'S SIGNATURE A TROI PORESS	250. REC'D BY REGISTRAR 256. REGISTRAD'S SIGNATURE
W.W. Chambers to Free To	Prel. DATE OCT A '61
	- Well To the transfer of the seal of the

death. TO HOS ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The remaining physician and complex of all of the funeral director, page 3 should be detached for use as the burial-transform. Then please remove carbon, papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial-transformers, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CER	TIFE	CA	TF	OF	D	EΔ	TH

	11787 DIVISION		TE OF DEATH	MORE 1, MARYLA	IND 1	773				
ĺ	PLACE OF DEATH COUNTY	a MARYLAND	2 USUAL RESIDENCE (WE		f institution. Residence be	fore odmission)				
	b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	vrite c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits	s, write RURAL and give n	earest town)				
d	d. NAME OF HOSPITAL (If not in haspital, give of INSTITUTION	street oddress)	d. STREET ADDRESS	Januardon	. o Real	e. IS RESIDENCE ON A FARM? YES NO				
	3 NAME OF DECEASED (Type or print)	Middle	Lost Lost	4. DATE OF DEATH	Month	Doy 'or				
		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (lost bi	In years IF UNDER 1 YEA irthday) Months Doys	AR IF UNDER 24 HR Hours Min.				
	10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	Own Home	9.	ar foreign country)	12 CITIZEN	OF WHAT COUNTRY				
	13. FATHER'S NAME	er E	14. MOTHER'S MAIDEN N	Alleers	e Hock	stein				
	15 WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no or unknown) NO (If yes, give wor or dates of service)		NFORMANT	1 + ()	Address					
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (0), (b), and (c)]	baritonilis			ITERVAL BETWEEN NSET AND DEATH				
	Conditions, if any, which) (b)	P. J. T. S. J. Coron								
	gove rise to immediate cause (a), stating the under-lying cause last. [c]	Intertinal and	Hosbruchin	weiten	- of cerr	~ ~				
	PART II. OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDIT	TION OFVEN IN PART 1(0)	19. WAS AUTOPS PERFORMED? YES NO				
	OR CONTRIBUTING CAUSE OF DEATH	o. BĚŚCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port Lor Port II of cler	m 18.)					
	Hour a.m.	20d. INJURY OCCURRED 20e. Pl While Not while fo at work of work	ACE OF INJURY (Hame, form ctory, street, office bldg., etc.	o, 20f. (City or lown)	(Count	y) (Stol				
	21 I certify that (I) (this haspital) a		death accurred at	M. fram the cas		that (i) (we) la				
	20 SIGNATURE Zegan	vay M. D.	M.D. ATTENDING MA	ED. STAFF		22b. DATE SIGNE				
	22c Physician's NAME (Type) Theodore	egarra, Mil	22d ADDRESS		ne n					
	23a BURIAL, CREMATION, 23b DATE THEREOF BURIAL (Specify) Oct 6, 19	61 St Peters Li		23d LOCATION (Cir.		(Stote) sylvania				
	F Gasch's Sons Hvat	ADDRESS tsville wa	25a. REC	CT 4 STRAR	Sb. REGISTRAR'S SIGNAT					

i after death. Page 4

and 2 should be filed with

TO HOSP! OR ATTENDING PHYSICIAN: The lam requires that the deoth certificate be executed within 24 may be detailed by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death

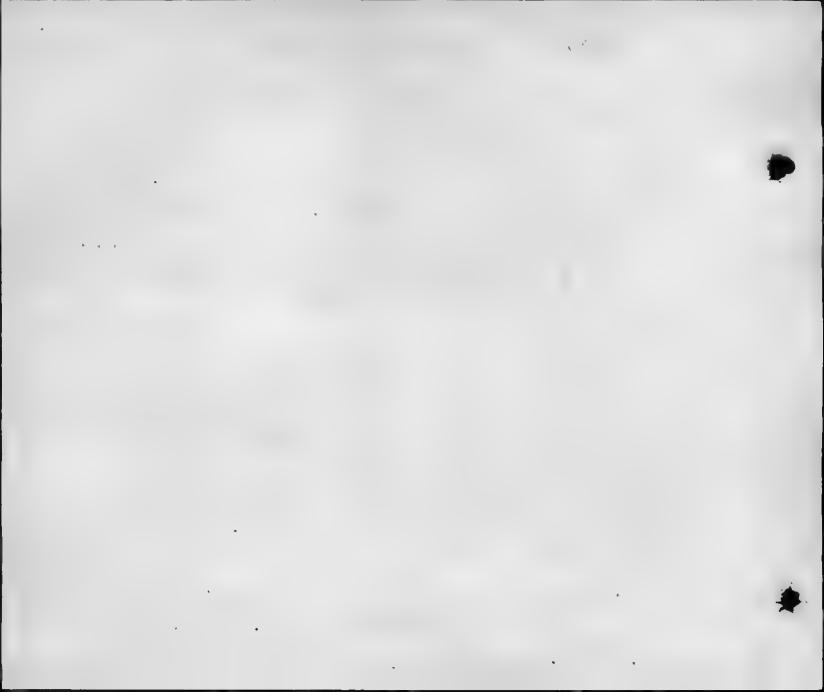
VR A15 (4) 1SM 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) . COUNTY a. STATE **b.** COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (I outs'de corporate cemits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) write RURAL and giva nearest fown) Hyattsville Cheverly days d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, g ve streat address) STREET ADDRESS e. IS RES DENCE ON A FARM? Prince Geo rges General Hospital Frederick Road YES NO 3. NAME OF Middle Month DECEASED OF DEATH (Type or print) Boy Miles 19 61 Baby Oct. 9. AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED K lest birthdey) Months Deys Hours Male White Oct. WIDOWED DIVORCED | physician гетоув 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR NOUSTRY It, BIRTHPLACE County & Safe, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S.A. None Maryla nd 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Kenneth Doris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT oval, (Yes, no, or unkown) ((If yes give wer or detes of service) physician. Mother Same 18. CAUSE OF DEATH [Enter only one couse per I ne for [a] b) and (c) INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying has certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 116) 19. WAS AUTOPSY PERFORMED? NO -CERTIFIC, 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20d. IN. JRY OCCURRED 20e. PLACE OF INJURY [Home, ferm, 20f. (City or lown] (County) (Stete) 20c. TIME OF INJURY Month, Day, Year Not While factory, straat, office bldg., atc.) Wh le Hour a.m. at work et work TOR 21. I certify that (I) (this hospital) attended the deceased from ... C. 196(..., that (I) (we) last 1961, and that death occured a 2.2500, from the causes and on the date stated above. DIRECT saw the deceased alive on . C C 22b. DATE 22e. SIGNATURE ATTENDING MED STAFF S GNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 53-A Crescent Rd. #108 - Greenbelt, Bergemann 1 23d LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) 238. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) の意思 Prince George's General Hosp, Cheverly, Maryland Cremation H 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DACT 2 4 '61 arling & Thous 15M 9/60 Adminis enn. Jr.,

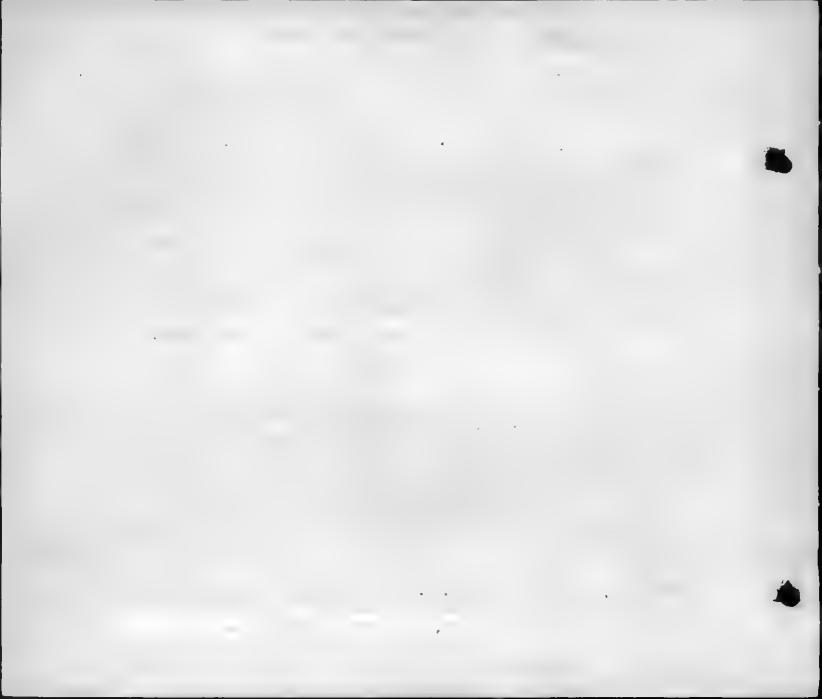
attending

MARYLAND STATE DEPARTMENT OF HEALTH



	, ¥	11789 CERTIFICATE OF DEATH Reg. Dist. No. 11775
Page director, led with		1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY o. STATE
1 1 1 1 1		Prince Georges Maryland Prince Georges
erol be	(IVI)	CLITY OK TOWN (IT outside corporate limits, write CLENGTH OF STAY IN 16 C CITY OR TOWN (IT outside corporate limits, write RURAL and give nearest fown)
er ille		Laurel Aug 1938 Laurel X
4 등 4	143	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION The street address of institution of the street address of institution of ins
laur.	2 07	THE WAY WAY CONTROL OF STREET OF STR
File 24	w)	OFCEASED (Type or print) FRANCIS R. MILFORD DEATH October 25 1961
£ 300	4/	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years UF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
ers.		WIDOWED DIVORCED 1/00/100 91s. 10 29
can pap		100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY: (100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY:
and and er of		13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
sicion re cor rs oft		John milford margaret milihell
certifi g phy remo 72 hou		15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 GOCIAL SECURITY NO 17 INFORMANT (Yes, no or unknown) [It yee, give word of defee of service) 179-01-9374
endin lease thin		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]
atte n pl		PART 1 DEATH WAS CAUSED BY: Acute Myocardial Infarction, anterior, recurrent 25 Days
the The		42 h.) DUE TO
A DEC		Conditions, if ony, which) (b) Arteriosclerotic Cardiovascular Disease
gner in in		gove rise to immediate couse (o), stoling the <u>under-</u>
en s	0	hying couse lost. (c) (c)
physical phy	U	Cirrhosis of liver
AN: T ending icate l ihe bou ar ren		200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)
r atter		20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) Hour a m. 19 While Not while at wark at wark at work at work at wark a
PHY ol o		Hour a m. While Not while at work at work at work at work at work at work at work.
Spit Spit Ser I d fo	1	21. I certify that I attended the deceased from 30 September, 1961, to 25 October, 1961, that I last sow the deceased
R. A. P. Doche		alive on 25 October, and that death accurred at 11:15PM, fram the couses and an the date stated above
by H	•	ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL ADDRESS (Street, city or town, stote) 26 October 206
DIRECT Prior		SIGNATURE J. Cichard Carylog Mo 612 Main Street 26 October 196
should		PHYSICIAN: J. Richard Compton, M. D. Laurel, Maryland
OS UNE S 3		220. BURIAL CREMATION, 22b. DATE THEREOF, REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)
TO HO	_	Jurial 10/28/6/ Stampy a Laurel 1/10.
	1	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rainier 240 REC'D 8Y REGISTRAN & SIGNATURE
VS A15 (4) 15M 9/SS	1.	Talleys Junear Home md DATE UCI 30'61 Linker & Thomas
	J	Inc.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) e. COUNTY e. STATE **b.** COUNTY by the and 2 Prince George MARYLAND Maryland Prince George b. CITY OR TOWN ('f outs' de corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give negrast town) .= -Laurel Laurel Pages filled d. NAME OF HOSPITAL OR INSTITUTION () not in hospital, give street eddress) a. IS RES DENCE d STREET ADDRESS ON A FARM? Laurel General Hospital YES HO V Talbot Ave. 3. NAME OF Midd 6 4. DATÉ DECEASED OF (Typa or print) DEATH Bertha Moore October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon 8 DATE OF BRTH AGE (In years | IF UNDER I YEAR and last birthday) Months . Female WIDOWED IV DIVORCED physician 10a. JSUAL OCCUPAT ON IG YE kind of work 10b. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) (Hammerwich Housewife Own home 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Joseph Bampton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unknown) | (If yes give we rordates of service) Hospital Records 18. CAUSE OF DEATH [Enter only one ceusa per line for (e),(b), and (c).] ig physician. signed by th permit. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which After this certificate has been (b) gave rise to immediate cause DUE TO (a), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTR PERFORMED? NO F prior 200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, (County) (Stata) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While may be retained DIRECTOR: Af et work ..., and that death occured at AM, from the causes and on the date stated above.196.5./ saw the decaased alive on L.C. ATTENDING 22b. DATE 22a. SIGNAZUR SIGNED DIRECTOR PHYS. TO FUNERAL I director, page 3 22d. ADDRESS 22c. PHYSICAN S NAM5 Type) Prince George Street, Laurel, John M. Warren. 123c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, lown or county) 23e. BURIAL CREMATION, 236, DATE THEREOF (State) REMOVAL (Specify) Nov. 1. 1961 Meadowridge Mem. Park Dorsey, Howard Co., Md. AN FUNERAL DIRECTORS SIGNATURE 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chillian S. Thank 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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F. Gasch's Sons

CERTIFICATE OF DEATH

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Calling & Kraus

11636	OEKIII IOA			()
1 PLACE OF DEATH O. COUNTY	ALABAH AND	2. USUAL RESIDENCE (WHO STATE OF A	b. COUNTO	esidence before admission)
Yourse Dear	R MARYLAND	1/ary	and Tre	nce Decreson
b, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 1b	C. CITY OR YOW HAY	utside corporate limits, write RURAI	ond give nearest toyli)
) by attsmile		h 1 1000	atherille	
d. NAME OF HOSTIAL (If not in hospital, give stree OR INSTITUTION)	i oddress)	d. STREET ADDRESS-	Not O	e. IS RESIDENCE ON A FARM?
206 43rd Avenue		16206-4	3 line.	YES NO E
NAME OF First	Middle	Last	4. DATE Month	Day Year
Type or print)	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Joreland.	DEATH October	2 1961
EX 6. COLOR OR RACE 7. MAS	RRIED NEVER MARRIED	DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HE
Jense While WIDOV	VED DIVORCED	ling 16, 189:	L 69 yrs.	The state of the s
. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	TRY 11 DIRTHPLACE (Stole	or foreign country)	2. CITIZEN OF WHAT COUNTR
Book-Binder	Prinling	Mary	land	IU.S.A
FATHER'S NAME		14. MOTHER'S MAIDEN	IAME	
Charles H. Tayl	OX	Maxgare	V. Ebeler	
WAS DECEASED EVER IN U. S. ARMED FORCES 16	. SOCIAL SECURITY NO. 17 IN	FORMANT	Address	
170	579-36-0340 C	ax ITon W	. Bell 10509 A	loves Ave. S.L.
18 CAUSE OF DEATH [Enter only one cause per	ine for (a), (b), and (c)]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	front Lulius	1		ONSET AND DEATH
DUE TO				1
Conditions, if ony, which)	actions	Des Con de	at the me	5 Mer
gave rise to immediate	L-Janua az		-01-01-01	
lying couse last.				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN I	N PART I(a) 19 WAS AUTOPS
60 00	to andlet			PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Port I or Part II of item 1B }	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Doy, Year 20d.	INJURY OCCURRED 20e PLA	CE OF INJURY (Home, farm	, 20f. (City or town)	(County) (Stol
Haur a.m White p.m. 19 of wo	e Not while foci	lory, street, office bldg., etc	.] }	
		1	55 . Not 2	19 <u>Cc.1</u> , that (I) (we) to
21 I certify that (I) (this haspital) after	"Ist ant a \			
sow the deceased olive on	AX 1991 ond that de	eorn occurred of f	M, from the causes and a	n the date stated abov
	Li. A.	A.D. PHYS.	ED STAFF RECTOR PHYS	19/2/1 SIGN
22c PHYSIC AN'S	7 12	22d. ADDRESS	RECTOR PHYS	2 2 (4)
NAME (Type)				
BUR A., CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (C'ty town, or co	unty) (State)
Burial 10/6/61	Ft. Lincoln		Colmar Manor	
4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY PEGISTRAR 25h REGISTRA	

Hyattsville, Maryland

the attending physician and campletely fill the by the funeral director. Then please remave carban papers. Pages 1 and 2 should be filed with urs after death Page TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOS

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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d. STREET ADDRESS OR INSTITUTION George 's General Hospital A. BATE A.	b. C-TY OR JOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
S. NAME OF DICCASED Louis Conrad Middle Murdock Sr. 4. Date Doctober 16 19	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e 1S RESIDENCE ON A FARM?						
Male White widowed Divorce June 23, 1898 Soy parthology Hours 100. US.AL OCCUPATION (Give land of work done) 100. KIND OF BUSINESS, QR INDUSTRY 11. BIRTHPLACE (Site or foreign country) 12. CHIZEN OF WHATCOL A. H. Smith Co. Alabama 12. CHIZEN OF WHATCOL	3. NAME OF First Middle	Lost 4. DATE Month Day Year						
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Willis P. Murdock Was deceased ever in U. S. Armed Forces? An any or windown) B. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if only, which gove rise to immediate course (o), storing the under-ling course lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IP. WAS AUT PERFORM YES No. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IP. WAS AUT PERFORM YES No. (c) INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF ITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING 20d. INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF ITHER, NOTIFY MEDICAL EXAMINER) 20c. THE OF INJURY Month, Doy, Year 20d. INJURY OCCURRED of work of too bidg., etc.) foctory, street, office bidg., etc.) foctory bidged and the doceased of town 1991, and that death occurred of A.M., from the couses and on the dote stoted of the deceased of the deceased of the part of the	Dispatcher Sand & Gravel	TRY 11. BIRTHPLACE (Stote or foreign country) Alabama 12.CITIZEN OF WHAT COUNTRY U. S. A.						
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 10. MO. of value only one couse per line for (o), (b), and (c). 11. INFORMANT 12. Locate of Death [Enter only one couse per line for (o), (b), and (c).] 12. Locate of Death (Enter only one couse per line for (o), (b), and (c).] 13. Cause of Death (Enter only one couse per line for (o), (b), and (c).] 14. Cause of Death (Enter only one couse per line for (o), (b), and (c).] 15. Cause of Death (Enter only one couse per line for (o), (b), and (c).] 16. Cause of Death (Enter only one couse per line for (o), (b), and (c).] 17. INFORMANT 18. Cause of Death (Enter only one couse per line for (o), (b), and (c).] 18. Cause of Death (Enter only one couse per line for (o), (b), and (c).] 18. Cause of Death (Enter only one couse per line for (o), (b), and (c).] 18. Cause of Death (Enter only one couse per line for (o), (b), and (c).] 18. Cause of Death (Enter only one couse per line for (o), (b), and (c).] 19. Cause of Death (Enter only one couse per line for (o), (b), and (c).] 19. Cause of Death (Death								
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B. CAUSE OF DEATH Enter only one couse per, line for (a), (b), and (c).	Yes, no, or unknown) (If yes, give war or dates of service)							
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Hour a. m. p. m. 19 While of work of	206. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING TO CAUSE OF DEATH). (Enter nature of injury in Part I or Part II of item 18.)						
saw the deceased alive on 1/3196/, and that death occurred of 1/2 M, from the couses and on the date stated of 200 N, from the couse	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While of work to the other of the other based of	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (State of the county) (State of the county)						
22c PHYSICIAN'S NAME ITYPE John P. Clum 23d. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Burial 23c NAME OF CEMETERY OR CREMATORY PHYS. DIRECTOR STAFF PHYS DIRECTOR STAFF 22d ADDRESS 23d LOCATION (City, town, or county) PHYS DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR DIRECTOR DIRECTOR STAFF 23d LOCATION (City, town, or county) PHYS DIRECTOR DIR	21 certify that (1) (this hospital) attended the deceased fram 2-14 197/ to 10-16, that (1) (we) last							
Name of Cemetery or Crematory 23d Location (City, town, or county) Stote) Burial 10/19/61 Ft. Lincoln Colmar Manor, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25d REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	200. SIGNATURE							
Burial 10/19/61 Ft. Lincoln Colmar Manor, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	Property John P. Clum	6110 43rd Avenue, Hyattsville, Md.						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REGISTRAR'S SIGNATURE	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF							
Francis Gasch's Sons Hyattsville, Maryland DATE OCT 20'61 Chilling S. Krimes								

TO HOSP OF ETTERDING PRYRICIAN: The lost requires that the death certificate be esecuted within 14 years after death. Page 4 may be recorded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled. By the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs offer death. OF ATTEMBING PRYBICIAN: The tam requires that the death certificate be executed within 14

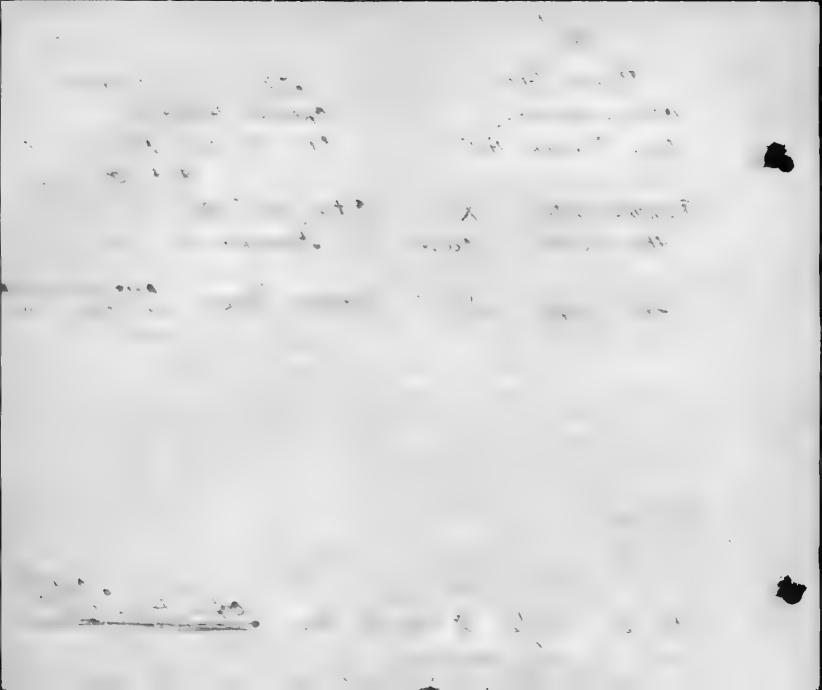
VR A15 (4) 35M 9/5III



MENT OF HEALTH

CHERRY EXPRE

DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where dacessed lived, if institution; Residence before edmission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) ģ write RURAL end give nearest town HEIGHTS CAPITAL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS n. IS RESIDENCE ON A FARM? YES NO K NAME OF Middle DECEASED pa (Type or print) DEATH 6. COLOR OR RACE R DATE OF BIRTH 9. AGE In years IF UNDER I YEAR F JNDER 24 HRS. 7. MARRIED NEVER MARRIED and (rihdey) D VORCED physician 10a. USJAL QCCJPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP. ACE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USEWIRE 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME aftending Henry P. Reed Mary A. Fowler Then | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL-SECURITY NO.1 17. INECHMANT (Yes, no, or unifown) (If yes giva weror dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH littler only one cause per line for (a), (b), and (c), ONSET AND DEATH dan IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate ceuse burial **DUE TO** (e), stating the underlying has fe h buri PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6 WAS AUTOPSY PERFORMED? 8 e% NO -206. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or lown) (County) (Stote) Month, Day, Year fectory, street, office bldg., etc.) Not While Hour am While et work et work 19 p.m. DIRECTOR: 194/, that (I) (we) last 21. | certify that (1) (this hospital) attended the deceased from 4. Clause 19.6 and that death occured at A.M. from the causes and on the date stated above. saw the deceased alive on...... ATTENDING : 22e. SIGNATURE SIGNED DIRECTOR PHYS. MD 22d. ADDRESS 22c. PHYSIC AN'S NAME (Type) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REGIOVAL (Specify) CEMETERY OR CREMATORY NAME å j j 25b. REGISTRARY SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) Chillian S. House 15M 9/60 DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY District of boayymbia Prince George's MARYLAND b. CiTY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) write RURAL and give neerest town) Washington d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1141 25th Street N.W. Prince George's General Hospital 3. NAME OF M.ddla DECEASED 19 61 Pe Pe Robert Neellv October DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1916 5 SEX 8 DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS. age 5 may 1 and 2 w th 72 hours a 45_{yrs.} Monthal Days Colored Male Sep. 17. WIDOWED [7] DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Construction North Carolina U. S.A. Pages Laborer pages 1 P.M.3. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME IInknown Unknown File form 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) | (If yes give wer or detes of service) Leona H. Neelly, same as along with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Acute cardiac failure B Arteriosclerotic cardiovascular disease gave rise to immediate cause DUE TO (a), stelling the underlying cause last. cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01 19, WAS AUTOPSY PERFORMED? 20 NO T Medical phods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert I of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. age to bu 20c. TIME OF INJURY Month, Day Year 20d. NJURY OCCURRED I 20+. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., atc.] Hour a.m. Not While # # P # el work at work forwarded to the L DIRECTOR: Faled agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion death resulted from Natural causes T. Accident | Suicide Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 its designate SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S NAME (Type) James Boyd Address (Street, city, town, or county) 228, BURIAL, CREMATION, 226. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) Q40 p FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR VS. ATSME Circher S. Krand 5M 9 60



1	te	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		11707 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased I vad, if institut on: Rasidanca bafora admission)
Page 85		e. COUNTY Prince George's MARYLAND Pennsylvania b. COUNTY
S FEED	_	b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) write RURAL and give nearest town)
in in the second		Cheverly 45 Minutes Punx sutowney
alay d for	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
State	3.	Prince George's General Hospital R.F.D. 5 YES NO NAME OF N
the the		DECEASED OF DEATH October 10 19 61
Sat Sat	5	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 9. AGE (In yaors FUNDER 1 YEAR! FUNDER 24 HRS."
and and said		remate white whower by bys.
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hour 3. Pe 3. Pe fes 1	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
PW. PW. F		Some Unknown
ightin S. Gi Form Town		WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Syno, or unknown), (If yes give we ror dates of service)
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ecut in the ng v sit p		PART I. DEATH WAS CAUSED BY: DEATH WAS CAUSED BY:
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TR: The Med Should should be should	CERTI	PRIMARY TO OF CONTRIBUTING THE FILE Clown basement plass
bur d	ICAL	20c. FIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
XAN Porto	MEDI	3 Hours arm. 10-10 19 61 of work at work of Atrice Sept Beasant P.g. hu
Tigate Signal Si		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
Sent Per		death resulted from. Natural causes Accident X, Suicide . Homicide . Undetermined manner
A PARA SA		ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED
ZAL gnat		SIGNATURE MD. ASSISTANT MEDICAL EXAMINER MD. DEPUTY MEDICAL EXAMINER MD. 1964
desi		NAME (Type) AMES Address (Street, city, town, or county)
	Bu	ABURIAL CREMATION, 22b. DATE THEREOF 122c. NAME OF CEMETER OR CREMATORY 22d. LOCATION (CITY, town, or country) (State) REMOVAL (Specify) Transit 10-10-61 Luthcran Connectivy Smicksbure Penns
H H P	23.	Transit 10-10-61 Lutheran Conettry Smicksburg, Penna Puneral Director 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Vs. A15ME SM 7/59		ROBERT A. PUMPHRLY Bethesda, Md. DAME OCT 13'61 Chulun S. Kraus
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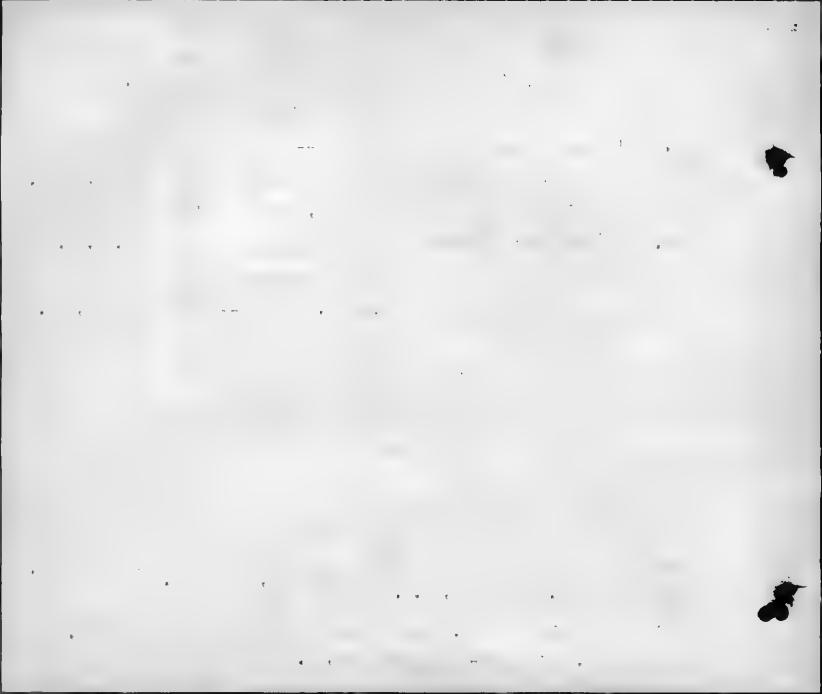


TO FU

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	11798 CERTIFICATE OF DEATH						Dist_N.3001			
1 PLACE OF DEATH			2. USUAL RESIDENCE (WI			Residence be	efore odmissi	on)		
Pri	nce Georgest	MARYLAND	o. STATE Mary	land	b. COUNTY	Pr. 0	eot s			
b CITY OR TOWN RURAL and give n	(If outside corporate limits, write learest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	ulside corporate li	mits, write RUF	AL ond give	nearest fown)		
Ritchi	•	6 years	X Melw	ood						
OR INSTITUTION	TAL (If not in hospital, give stree	·	d STREET ADDRESS				e. IS RESI			
	s County Res	t Home					YES X	FARM?		
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month		Doy Y	reor		
(Type or print)	John	Montgomer	0	DEATH				961		
S. SEX	6. COLOR OR RACE 7 MAI		B. DATE OF GIRTH	9. AC	E (In years III birthday) j	Months Day		R 24 HRS		
Male	White wipov		June 20, 18		87 yrs.					
during most of wor	king life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign country)			OF WHAT			
13. FATHER'S NAME	acco Farmer	Tenent	Marylan			U.	S'. A.	•		
	Name alla		14. MOTHER'S MAIDEN N							
Williem		S. SOCIAL SECURITY NO. 17.	Mary Ha	vener						
(Yes, no, or unknown)	[If yet, give war or dates of service]				Addres					
Unknown	avia fe		lter D. Nor	LOTKA	pper A					
	ATH [Enter only one come per ATH WAS CAUSED BY:		. 7. 0	1.	1.01	0	NTERVAL BET	DEATH		
11110.	IMMEDIATE CAUSE (0) Letter congestive carte as facilities I day:									
774	Conditions, if ony, which) In Cardio Vascular Renal Disease is which									
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NOTES PART II. O'II	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?									
		*						NO 🕼		
O THE ENHER, NOTHY	AS UNDERLYING 206 DE CAUSE OF DEATH MEDICAL EXAMINER	scribe how injury occurred a Leura of C	P (Enter nature of injury in 1) R46 12-4	orl for Port II of	item 18.)					
20c. TIME OF INJUI	,,,		ACE OF INJURY (Home, form, tlory, street, office bldg., etc.	20f (City or to	vn)	(Count	γl	{Stole		
₹ p. m.		ork ol work	the state of the s	Parques o						
21. I certify th	21. I certify that I attended the deceased from Sept 1 1961, to Oct 19, 1961, that I last saw the decease									
alive an a	4 · 1 5 · 1									
767	ADDRESS (Street, city or town, stote) DATE SIGNE									
SIGNATURE	SIGNATURE - Par PC Zar J. alle- MD 5440 Silver Hill Road, 10/19/61.									
PHYSICIAN'S NAME (Type)	Paul C. Van	Natta, M.D.	Parklan	d. Mary	land.					
220. BURIAL, CREMATIC	N, 22b DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or o	county)	(Stole	}		
Burial	10/21/61	St. Thomas	Cemetery	Croom			Md.			
23. FUNERAL DIRECTOR		ADDRESS	24a. REC'I	BY REGISTRAR	24b. REGISTR	AR'S SIGNAT				
Ritchie B	ros . Fun 1 Ho	me-Upper Mar.	lboro, Mg N	OV 2 0 '61	an	Jun & A	inter A			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



PEMOVAL (Sometra)

24 FUNERAL DIRECTOR'S SIGNATURE

Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T Day October 19 61 9. AGE (In years last birthday) 7 00 yrs IF UNDER I YEAR F UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address James M. O'Neil; 4970 -66th Ave; Woodlawn Hts; Md. INTERVAL BETWEEN YES NO (County) (Stote) , .to _____, 19___, that (I) (we) lost , and that death occurred at 8:15t, from the causes and on the date stated above 22b, DATE SIGNED 53-A Crescent Rd. #108 - Greenbelt, Id. 23d LOCATION (City, town, or county) (Stote) 25g. REC D BY REC STRAR arthur & true



CERTIFICATE OF DEATH 11801 Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNKY MARYLAND -EORGE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) RURAL and give nearest town) HEUERL EVERL d NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? ARROR YES NO X 5914 NAME OF First 4. DATE Middle Month Doy Year DECEASED OF DEATH OC. (Type or print) 196 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days Hours DIVORCED [CINDOWED [100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S.A HOUSEWIF /IRBINIA carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN remove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT TAL SOCIAL SECURITY NO. 10.5 72 ottending UNKNOWN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSELAND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO ony Conditions, if ony, which signed gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. buriol-tronsit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY PERFORMED? YES NO [200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 1 of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED Doy, Year (Stote) Not while (County) lactory, street, office bldg , etc.) Hour o.m While of work | ol work 21. I certify that I attended the deceased fram, 19 6 Lithat I last saw the deceased M, fram the couses and on the date stated above. alive an and that death occurred ADDRESS (Street, gity or town, slote ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) PEMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE William & Kray DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

director

funeral

physicion

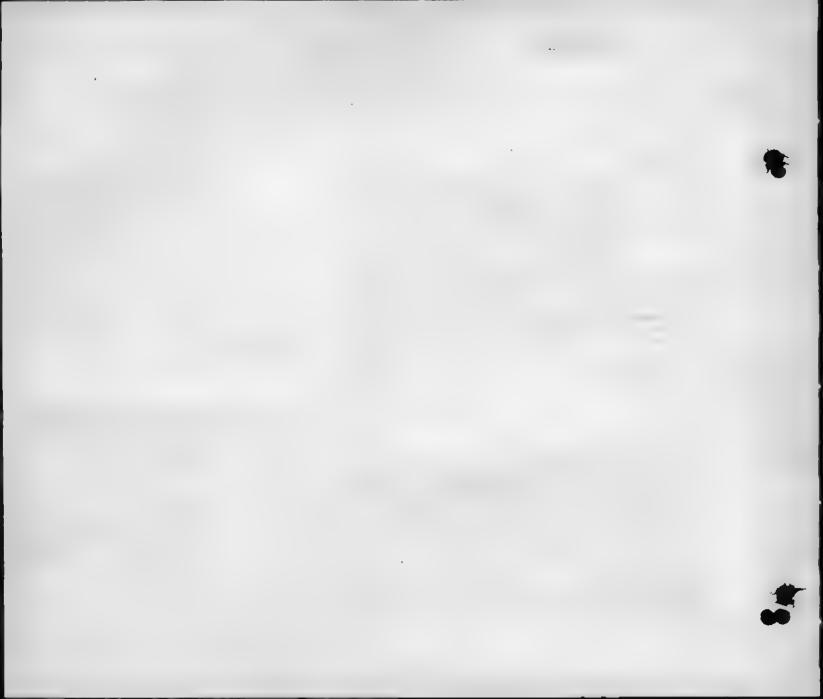
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

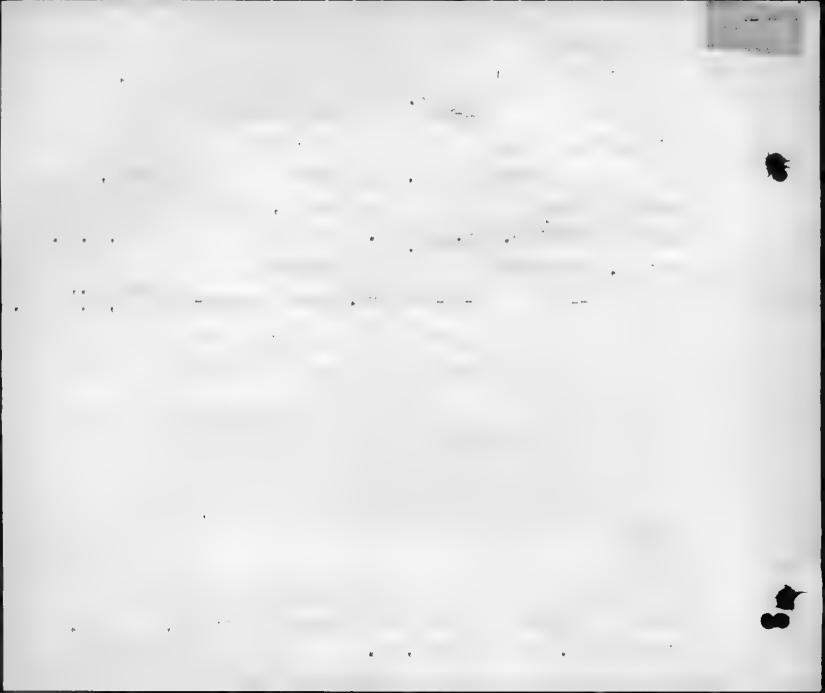
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CERTIFICATE OF DEATH

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		PLACE OF DEATH				- CTATE	•	ased lived If institution	n. Residence	before admission	1)
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	1	 b. CITY OR TOWN (If RURAL and give no 	outside corporate fimi	ts, write c	LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside co	rporote limits, write RU	RAL ond giv	e nearest town)	
		Suitler	_		LANKX	Uppel	r Marl bo	ro	-		
		d. NAME OF HOSPITA	L (If not in haspital, g	give street addr	ress)	d STREET AD				e. IS RESIDE	ENCE ARM?
٦	_	Suitland	Nursing	Home		Main	Street			YES 🗍 N	
d.	3	NAME OF DECEASED	Fir	S†	Middle	Last	4. DAT	E Mont	h	Doy Yes	ar .
		(Type or print)	Car	rie	E.	Outte		TH Octo	ber 4	19	61
	S. 5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9 AGE (In years last birthday)		YEAR IF UNDER	
		Female	White	WIDOWED [October		70 yrs	Monnis D	oys Hours	Min
	10a	USUAL OCCUPATIO	N (Give kind af work)	dene 10b. KINI	of Business OR INC	USTRY 11. BIRTHPLA	CE (State or foreig	n country)	12. CITIZE	N OF WHAT COL	JNTRY
	E	mplyd Mar	rriage Li	C. P	r.Geo's Co	O• Dolay	ware		υ.	S. A.	
		FATHER'S NAME		- 01	ourths.	14 MOTHER'S /	MAIDEN NAME				
1	C	urtis T.	Wrainwri	.ght		Unka	nown				
	15 (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR	ervine)		INFORMANT		401dd	10th	St.,	
		No or unknown) (1	•••	212	-14-5143 I	rs. Wilr	na Crani	ford-Hono	lulu.	18, Haw	a1 ;
			TH [Enter only and co	use per line fo	or (o), (b), and (c)	7 /	1	1 0-		INTERVAL BETWONSET AND DE	VEEN.
		PART I. DEAT	H WAS CAUSED BY	ALUT	2 last van	tricula	Want -	fuller		4 due	
		420.0	DUE TO			1	10				
		Conditions, if on	· ID	wier	coselero Fr	Jelan	it De	lost		5 yrs	
		gave rise to in couse (a), stating t	mediale (Dur To							0	
		lying couse lost.	(0)							
	O	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH B	JT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIVE	EN IN PART I	(a) 19. WAS AU	TOPSY
	CAT	(- Ar	-abril - v	a cut	ar are	let-	KUJI XX	myllyn	in	YES 1	
	CERTIFICATION	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18)									
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)		.7						
	MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Doy, Ye			PLACE OF INJURY (H	lome, form, 20f (City or town)	(Co.	unty)	(State
	MEL	p.m.	19	While at work	INDI WILLIE			1.			
		21. certify that	(I) (this bosonia	n attended	the deceased from	9/27	1961	104	196	, that (I) (vee	el la
		saw the decease	1.6	Y	-ahi	death accurred	TO M. fre	om the causes and			
		22a SIGNATURE	15	1						72b.9	ATE
		delo	1. mi	igni	n	M.D PHYS	MED. DIRECTOR	STAFF PHYS.		10/4/	57
		22c PHYS,CIAN'S NAME (Type)	11 20	6(1)	34.	22d. ADDRES		- 1-70	- (6/1	
		760	H , ") U	yon!	on m,	D 7111	JHI	A LAGIC	12 7	6 -	
		BURIAL CREMATION	N. 236 DATE THEREC	OF 23	NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, town, o	r county)	(State)	
	B	urial (Specify)	10/8/61	_ C	hrist Chu	rch Ceme	tery (Clinton,		Md.	
		FUNERAL DIRECTOR'S		20 m 15 m	ADDRESS		2So REC'D BY REC	SISTRAR 256 REGIS	TRAR'S SIGN	IATURE	
		Kitchie	Bros. Upp	Del. WA	rlboro, M	10	DATECT 9	61 Chel	w 8. Th	insula.	

NERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely file by the funeral director, set a should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with State Board of Health prior to burial, cremotion, ar remavol, and in any event, within 72 hours after death OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 and by the haspital an extending abusing a procession. the t

0 VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S FOR STATE HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased I yed, If institution: Residence before admission) I director. Page or vour files. a. COUNTY A b. COUNTY MARYLAND b. CITY OR TOWN (f outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) Writh RURAL and give/nearast town tre de d. NAME OF HOSP TAL OR INSTITUTION (if not in hospita, give street address) 4. DATE DECEASED (Type or print) DEATH 8. DATE OF BIRTH 9. AGE tin years HF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 3 WIDO WED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done_during most of working life, even if ratired) pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME with form 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT permit, 18. CAUSE OF DEATH [Enlar only one cause par I no for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** (b) gave risa lo immediate causa "penaing" (a), stating the underlying cause last cremation, PART II. OTHER SIGNIFICANT CONDITIONS should 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of Injury In Part I or Part I of Itam 18.) 20a EXTERNAL CAUSE WAS PR.MARY or CONTRIBUTING automable Callisson CAUSE OF DEATH. 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year While Not While factory, street, office bldg., atc.) at work at work 10-25 1961 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry 14 Accident | Suicide Undetermined manner death resulted from: Natural causes Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER SIGNATURE DEPLITY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) 40 Chilling & Thomas

ON A FARM?

F UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

and in my opinion

DATE SIGNED

(County)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STAT CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Res dence before admission) 1. PLACE OF DEATH a. COUNTY Page COUNTY Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) director. write RURAL and give necrest town) Riverdale Cheverly d STREET ADDRESS d. NAME OF HOSP, TAL OR INSTITUT, ON (if not in hospital, give street eddress) 4601 Rittenhouse Street Prince George's General Hospital YES NO X 3. NAME OF Midd e 4. DATE DECEASED 3 to the the (Type or print) Stanton Charles Phelps DEATH October with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS may may lest birthday) Months Deys and Hours Male White WIDOWED T DIVORCED uld be executed within 24 hours after in pencil in Item 18, Give Pages 1, 2, at 2,2 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page Private Teacher Self U. S. A. Mass. pages | within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles H. Phelos Musetta Carr This certificate should be executed within EL O 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yas, no. or unkown) (Ifyesgivewerordelesofservice) Mrs. Johonna Phelps Same as #2 Wife 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Office DUE TO removal, burial oleroter At de Conditions, fany, which (b) "pending" gave rise to immediate cause 16 Examiner's DUE TO (e), stating the undarlying 10 cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 the word YES 7 Medical pluods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of Item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. the certificate, writing Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) should be forwarded to the Chi FUNERAL DIRECTOR: Page factory, streat, office bldg., etc.) Not While 9 While Hour a.m. et work | et work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection M Inquiry 10 and in my opinion Suicide Homicide [Undetermined manner death resulted from Natural causes Accident CHIEF MEDICAL EXAMINER ASTULL ASSISTANT MEDICAL EXAMINER DATE SIGNED execute SIGNATURE DEPUTY MEDICAL EXAMINER [EXAMINER'S should NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial (Specify) 10/12/61 Ft. Lincoln 6 Colmar Manor, 40 23 FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR (24b. REGISTRAR'S SIGNATURE VS. A15ME F. Gasch's Sons Hyattsville, Maryland DATE OCT 1 1 61 5M 7/59 arthur & House

IS RESIDENCE ON A FARM?

19 61

NO

[State]

Md.



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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
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in h	_ Lamel () . Beltsville	030
age (&	d. NAME OF HOSPITAL OR INSTITUTION ('I not in hospital, give street address)	a. IS RESIDENCE ON A FARM?
S. P. Pour	Kaurel Jenual Harpital 1235 Junpawder Road	YES NO []
Sper Z	3. NAME OF DECEASED 4. DATE OF CONT.	Dey Yeer
K Comp	(Type or print) 16. COLOR OR RACE 17 MARQUES TO ARRIVED WARRING TO BRITH 9. AGE (In years of UNDER I	YEAR IF UNDER 24 HRS.
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nte tr n an s car ent,	100. USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & Stote, or fore gir country) , 12. CIT	IZEN OF WHAT COUNTRY?
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shys ren any	13. FATHER'S NAME	2SA.
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de andi and	15. WAS DECEASED EVER IN U.S. ARMED ORCEST 16. SOCIAL SECURITY NO. 17, INFORMANT Address	- ·
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that the the the	18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), end (c).]	INTERVAL BETWEEN
iciar by by erm	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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ASS cert cert r uso prio	206. DESCRIBE HOW INJURY OCCURED. (Enter nature of in any in Port 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. ,
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She the the the the the the the the the t	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) White Not White Pectory, street, office bldg., etc.)	nly) (State)
D A A	Hour e.m. While Not While rectary, street, office bldg., etc.)	
D S O S O S O S O S O S O S O S O S O S	21. I certify that (I) (this hospital) attended the deceased from 10 - 1.7, 1961, to 10 - 22, 19	L. I, that (I) (we) last
E P P P	saw the deceased alive on October 22.19.6 /, and that death occured at M.M. from the causes and on	he date stated above.
IRE IRE Shou	220 S GNATURE ATTENDING 1 / MED. STAFF	22b. DATE
747 e e e e e e e e e e e e e e e e e e	HOLDO CENCEL AND PHYS. D DRECTOR PHYS. D	-22-1961_
S B S S S S S S S S S S S S S S S S S S	22c. PHYSICIAN S NAME (Type)	
NIN PR	1 DOLO I IEN ANDREI	
de July	238. BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count	State)
5 E 2 V	Bund (Ct 25, 196) Any Hell Com. Mainel	n
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR 256. REGISTRAR'S	SIGNATUKE
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Division of STATISTICAL RESEARCH AND RECORDS **BALTIMORE 1. MARYLAND** FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE [Where decessed lived, If institution: Residence before edmiss on] PLACE OF DEATH COUNTY b. COUNTY ince George 's director, Page or your files. Prince George's MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate firm ts, write RURAL and give nearest town) write RURAL end give negrest town! Ceder Heights 1 Day Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) A STREET ADDRESS e. IS RES.DENCE ON A FARM? 6309 K Street YES TO NO Prince George's General Hospital 4. DATE DECEASED the fr (Type or print) 19 61 DEATH October Ponger with 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH AGE (In yeers L.F. UNDER 1 YEAR), IF UNDER 24 HRS. last b rihday) WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Own Home U.S.A. Maryl and pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maggie Henson Harry Tolson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? L 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Mother Same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), l INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac arrest while under anesthesia IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which Surgery for repair of ventral hernia geve rise to Immediate cause DUE TO (e), stating the underlying PART . OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? стетпат YES X NO [should 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) 2De, EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING anaesthesia during operation for hernia 1 20d INJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) 2Dc. TIME OF INJURY (County) (State) fectory, street, office bldg., etc.) While Not While et work et work Md. forwarded to the L DIRECTOR P. Hospital Cheveriv 7 . OO p.m. 21. I certify that I took charge of the remains described above, held an Autopsy or inspection oc.). Inquiry X Accident X death resulted from, Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER THE RESIDENCE OF THE PARTY OF T NAME (Type) James I. Boyd Address (Street, city, town, or county) 22a, BURIAL, CREMATION I 22b, DATE THEREOF 1 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCALON (City, town, occountry) REMOVAL (Specify) Harmany Memorial Park Palmer Highway & wherrift Hdb. 0 Burial 246. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR VS. A15ME arthur S. Thrack 5M 7/59 Las at NE. Wash 19, & C



CERTIFICATE OF DEATH 11808 Rea. Dist. Ne directa 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY be filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (if autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) ploods 4ears d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION. ON A FARM 300 YES NO K 4. DATE OF DEATH NAME OF First Middle Month Doy Year DECEASED (Type or print) Oct: 1960 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS Months Hours WIDOWED TO Y DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast at working life, even if retired) MOUSELVI 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO ensive Cuidio vascular Disease Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m While Not white at work 🗍 at work 21. I certify that I offended the deceased from Dec. that I last sow the deceased and that death occurred at 3.30 M. from the couses and on the date stated above DATE SIGNED PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY LOCATION (City, down, or county) T\$tote) ade 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Conthur S. House

OF HEALTH—BALTIMORE, 18

death.



illed in by the funeral Pages 1 and 2 should within 24 hours after TO THE STATENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hound of NEGAL DIRECTOR: After this certificate has been signed by the attending physician and completed illed in by the director, page 3 should be detached for see the burial-transit mermit. Then please remove carbon pages 1 and 2 be filed with the State Dept. of Health prior to Surial, cremation, we removal, and in any event, within 72 hours afterdast health.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11809 CERTIFICATE OF DEATH

	1. PLACE OF			2. USUAL RESIDE				
		Prince George's	MARYLAND	Mary	/land	E. COOM! Pr	ince Geor	ge s
	write R	TOWN (if outside corporete I m ts, URAL end give nearest town)	1 mo. 5 days		(If outs de corporate ge Park	limits, wi to RURAL en	d give neerest tow	(n)
2	d. NAME C	OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address	d STREET ADDRES	S			ESIDENCE
¥	Prince	e George's General		8123 541			YES [A FARM?
	DECEASE	:D	Middle	Powell	OF DEATH	October	10 Yee	61
	5. SEX	6. COLOR OR RACE 7. MAI	BAIRN ET LEUREN ILLANDIEN ET R	DATE OF BIRTH		E (in yeers , IF UNDER)	19	24 HRS
	Female	0.5	75	?		List I A	Deys Hours	Min.
	TOO. USUAL C		L KIND OF BUSINESS OR INDUSTRY	Y 11 BEKTHPLACE (Co	un y & State or foreig	ra country) 12. CIT	IZEN OF WHAT	OUNTRY?
	#02	USEWIFF		ANNE :	ARZUNCI	'eL.co		
	JH (OMAS BRO	10 KS	NEORMANT.	n/rn	024/2	3 62424	PLACE
	(Yes, no, or un	kown) (Hyesgive werordetes of service)	none MA	RYJHOMI	PSOIN, C	COLLES	EPAR	K Mas
	18. CAU	SE OF DEATH [Enter only one couse p	11 - 1 - 1 - 1 - 1 - 1 - 1			4	INTERVAL BET	
	PAR	T I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Cardia	Jan	yo on a	de	ONSET AND	DEATH
		DUE TO	10	. 0		,		
	1 1	s, if any, which \ (b)	Myoca	ercl.	In are	lion		_
		to immediate cause g the underlying DUE TO	106	l. Te	Diste	b		
	ceuse lest,		125 V. 250	ino ne	19m	wo.		Liv or Days
	20e, ACCI OR CONTR	II. OTHER S GNIFICANT CONDITIONS	ON IEB HIASE OF DAILUR NING	I KELATED TO THE TERM	ainal disease cont	JITON GIVEN IN PAK	/	RMED?
3	20e, ACCI OR CONTR (IF EITHER,	IDENT WAS UNDERLY NG (20b. RIBUTING (CAUSE OF DEATH , NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	. (Enter nature of injury i	n Pert Lor Pert J. of ite	em 18 j		
	1 2 1	or e.m. W	od. INJURY OCCURRED 206. PLA: //hile Not While facto	CE OF INJURY (Home, fa pry, street, office bldg., e		own) (Cou	nty)	(Stete)
		rtify that (I) (this hospital) at		9/5	1961. 10 /6	0/10 19	61, that (1) ((we) last
	1 1		019.61, and that	// 0.57		causes and on		•
	22e SiGN			ATTENDING		IAFF -	m. deal.	DATE
1	22c. Phi	Into the	my To V M			iys.	19/1	1w_
	NAM	Or. Leon R. Levitsk	CV.		ode Island	Ave., Mt.	Rainier.	. Md.
		CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O			N (City, lown or count		tate)
	BZUR	(Specify) 10/14/61	BACONS	CHAPEL	- ANNE	ARWho	YEL Q), mel
	24 FUNERAL S	DIRECTOR'S SIGNATURE	ADDRESS	25a. R	EC'D BY REGISTRAR	256, REGISTRAR'S Chilhun &	1 11	· ·
	11017	repselly 502	-44 SIX au	rel mate	TO U	2,		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEAR STREET, BALTIMORE 1, MARYLAND J. PLACE OF DEATH T. USUAL RESIDENCE Where deceased lived. If institution, Residence be on admiss on rector. Parer files. a. COUNTY Prince George's Maryland MARYLAND b. CITY OR TOWN (if outside corporate I mits, r. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) DOA Cheverly Seat Pleasant d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE Boa ON A FARM? George's General 72nd Street 500 YES NO XX NAME OF Middle 4. DATE DECEASED the 19 61 (Type or print) Puder October Minnie Algusta DEATH B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE IIn years [IF UNDER 1 YEAR] IF UNDER 24 HRS may 2 will lest hirthday) Months Days Femal e WIDOWED TA DIVORCED December Page 5 m s 1 and 2 n 72 hou 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Own Home Germany pages 1 within House Wife Id. MOTHER'S MAIDEN NAME Unknown Franz Broemme IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 5001...Dublin Ave 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) i (Ifyesgivawar or dates of sarvica) Camo Springs, Md Paul Boerltein. 18. CRUSE OF DEATH (finier only one cause per line for (a), (b), and (c), INTERVAL BETWEEN e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute congestive heart failure " in pencil i IMMEDIATE CAUSE (a) **DUE TO** burial Cardibvascular renal disease Conditions, if any, which "pending" i xaminer's O used as a bi gave rise to immadiata cause s word "pending **DUE TO** (a), stating the undarlying Medical Exami should be used rial, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T.ON GIVEN IN PART 1.8), 19, WAS AUTOPSY CERTIFICATION PERFORMED? Diabetes NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I of Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A Page 3 sl Se execute the certificate, writing 4 should be forwarded to the Chief DECTOR: Page 3 or !! edesignated agent, prior to bur 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, , 201. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, offica bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S Boyd James I. NAME (Typa) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b DATE THEREOF 22d. LOCATION (City, town, or country) (State) 40 8 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE .Where deceased I'ved, If institution, Residence before admission a. COUNTY b. COUNTY by the fand 2 s death. PrincemGeorge's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate lim ts, c LENGTH OF STAY IN 16 ITY OR TOWN (If outside corporate limits, write RURAL and give nierest town) write RURAL and give nacrest town) Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address, Laurel d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 622 10th Street Prince George's General YES NO 4. DATE Year DECEASED OF (Type or print) DEATH October Ransom 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE I D YURES IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey, | Months Deys WIDOWED [yrs. 10b. KIND OF BUSINESS OR INDUSTRY 11 BITT-PLACE (County & State or for sign country, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Maryland Home Housewife 13. FATHER'S NAME IA. MOTHER'S MAIDEN NAME George Mahoney Cora Moore 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM Address (Yas, no, or unkown) (dyesg vowarordetes of service) Franklin Item 2 18. CAUSE OF DEATH [Enter only one ceuse pergline for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART IL DEATH WAS CAUSED BY: IMMEDIATE CAUSE ,a) **DUE TO** geva rise to immediata cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO F 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. Enter neture of nivry in Pert I or Pert I of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While Hour a.m. at work et work saw the deceased alive on....... 19 ... , and that death occured along from the causes and on the date stated above. SIGNED MD. PHYS. DIRECTOR 21c. PHYSICIAN'S 22d. ADDRESS Dr. Louis H. Moody, Jr. 918 Ellsworth Drive, Silver Spring, Md. NAME OF CEMETERY OR CREMATORY LOCATION (City, fown or county) (State) 24 EUNERAL DIRECTOR'S SIGNATURE REGISTRAR 256 REGISTRAR'S SIGNATURE VR A18 (4)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

& & pay of the

						/ _
1. PLACE OF DEATH		1	. USUAL RESIDENCE (V	Where deceased lived, If institute b. COUNTY	tions Residence befo	ore edmission)
Prince Georg	els	MARYLAND	Maryland	Princ	e George	
b. CITY OR TOWN (if outsid write RURAL and give n	serest town)	LENGTH OF STAY IN 16		sida corporate I m ts, write RUR	AL and give neerest	t town)
d. NAME OF HOSPITAL OR	INSTITUTION (if not in hospita	l day	Clinton d. STREET ADDRESS			IS RES DENCE
Prince Georg	e's General Ho	spital	Temple Hill R	d., Box 674	YES	ON A FARM?
3. NAME OF DECEASED	First	elbbiM	Lest 4. 1	DATE Month	Dey	Year
(Type or print)	Oliver	E .	HIGGICK	DEATH OCTODES		19 01
	lored 7. MARRIED D		DATE OF B RTH	9. AGE (in yeers IF UI	NDER 1 YEAR IF UN	NDER 24 HRS.
IDa. USUAL OCCUPATION (G	MIDOMED W	DIVORCED	1 - 1 - 04	State or foreign country) [1	2. CITIZEN OF WH	AT COUNTRY
done during most of working lit	fe, even if retired)					
Bulldozer Og	erator of	nstruction.	Elizabeth MOTHER'S MAIDEN NAM!		U.S.A.	
Unknown		1	BessieU	nknown		
15. WAS DECEASED EVER IN U (Yes, no, or unkown) (Ifyesgiv	.S. ARMED FORCES? 16. SOG	LIAL SECURITY NO. 17. INI	FORMANT	Address		Md.
No	-		zabeth Ridd	ick 674 Tem	ole Hill	Rd
PART I. DEATH WAS	[Enter only one cause per rine	for (e), [b), end (c)]	Sold in	traccooler	ONSET A	ND DEATH
IMMEDI	ATÉ CAUSÉ (a)	rus sin	- affor an	Wa Court	14.14	_
Conditions, if any, while	DUE TO	ennoste.	Cinio C.	11. dena	- 0	
gove rise to immediate cau	50	Ofter			المالية ا	
(a), stating the underlying cause lest.	(c)					
PART II. OTHER SIGNI	FICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN	PART 1(a) 19. W	AS AUTOPSY ERPORMED?
PART II. OTHER SIGNI OF CONTRIBUTING CAI OR CONTRIBUTING CAI OR CONTRIBUTING CAI OR CONTRIBUTING MEDIC	DESCRIPTION OF THE PROPERTY OF	BE HOW INJURY OCCURED. (F	Total annual of rations to Book I	as Dad H of share 10 3	YES	NO [
20a, ACC DENT WAS UNI CR CONTRIBUTING CAN (IF EITHER, NOTIFY MEDIC	USE OF DEATH	BE HOW INJUST OCCURED. (E	ther helde of hildry to see I	or yets it of Lein 10.)		
				Df. (City or fown)	(County)	(Stefe)
20c. TIME OF INJURY Hour e.m.	While at work	Not While fectory	, street, office bldg., etc.)			
	(this hospital) attended	I the deceased from	10/26 196	1. to 10/27	., 19.6./., that ((I) (we) las
saw the deceased al	ive on 10/27		eath occured at 0 11	from the causes and	on the date st	
220. SIGNATURE	AIRAI DA		ATTENDING MED.	STAFF		226. DATE SIGNED
22c. PHYSICIAN'S	specia con.	M.D.	PHYS. DIRECT	TOR PHYS.	- 44	_
NAME (TYDE . T	ill Bergemann			t Rd. #108, Gr	eenbelt.	Md.
23e. BURIAL, CREMATION, 2		Be. NAME OF CEMETARY OR		d. LOCATION (City, town or		(Stelle)
BUZIAL 1	0-31-617	union Teth	ul Church	J. 13.	me	d'_
24 FUNERAL DIRECTOR'S SIG	MATURE TO W 11	ADDRESS 1/	1/, 1/72	Y REGISTRAR 25b. REGISTR	AR'S SIGNATURE	
F F F F F F A 2 . S	I I I I I I I I I I I I I I I I I I I	TOTAL T	HAY IS DAY OFT	THE CAUCA	WIT A. / CLASSIA	

within 24 hours after filled in by the functal Pages 1 and 2 should

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compositive of FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and compositive of filled director, page 3 should be detached for use as the burial-timestime. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

OF D VR A15 (4) 15M 9/60



TO STATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the state of the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete willed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

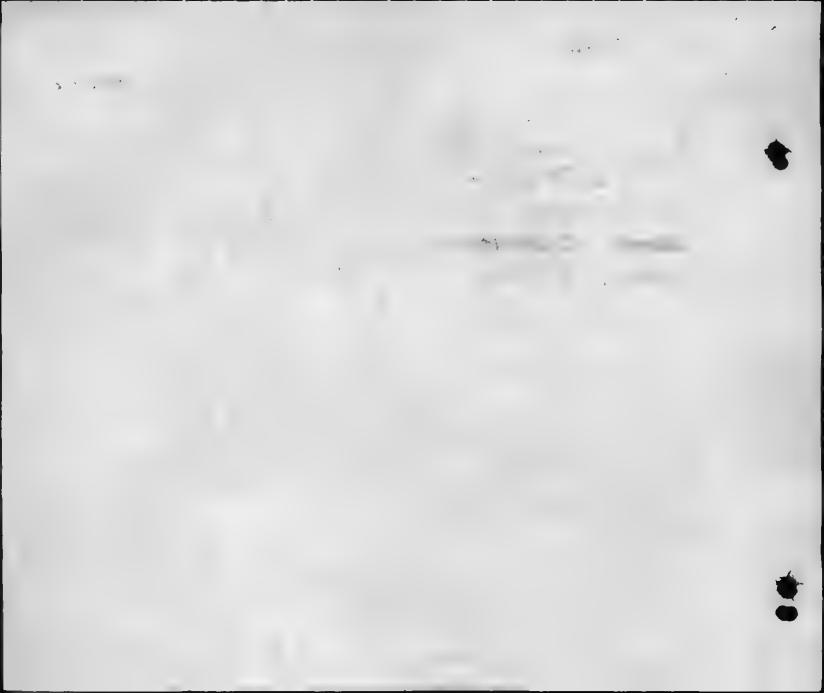
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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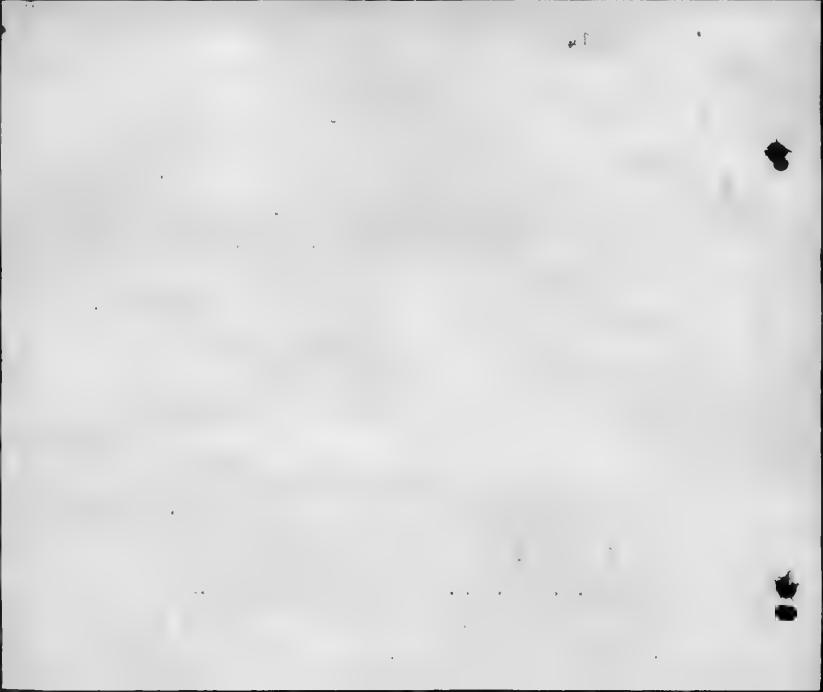
		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institutions Residence before edmission)
		OUNTY PR. GEORGES MARYLAND O. STATE MD CHARLES TO
IJ	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town)
	_	do NAME OF HOSP, TAL OR INSTITUTION If not in hospital, gave street address district ADDRESS
1	*	On AGENT
	3	NAME OF First Middle Last 4. DATE Month Day Year
		(Type or print) SHILLEY M ROBEY DEATH 10 19 1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.) 11. A Gest birthday) Maggins Days Hours Min.
	10a	VIRIC WINDOWED D. VORCED A/AJ/ 8245. 8 6
	doi	ne dyr ng most of work ng life, men tryrad Alterry Ones MARV Land
	13.	FATHER'S NAME
١		SAMUEL H. Robey MARY C. DAVIS WALDORFMD
4		WAS DECEASED EVER IN U.S. ARMED FORCES? 114. SOC.AL SECURITY NO. 17. INFORMANT Address Address Address
	\neg	18. CAUSE OF DEATH [Enter only one couse per I no top-(e), (b), and (c).]
		PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) CEREBRAC EMBOL-151.7 ONSET AND DEATH
		T-2 d DUE TO
		conditions, if eny, which (b) (b) (c) ENTERIC EMBOLI DEY
		(a), stelling the underlying DUETO MYOCARDOSIC
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY
	CATION	MOSTEROCTEMN 10/17/61 YES NO IN
	CERTIFI	2Da ACCIDENT WAS UNDERLYING (2Db. DESCRIBE HOW INJURY OCCURED. (Effect nature of injury in fact I or Per I, of Item 18.) OR CONTRIBUTING (CAUSE OF DEATH)
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
	WEDICAL	Hour a.m. While Not While factory, street, office bidg., etc.) at work et work
		21. I certify that (I) (this hospital) attended the deceased from 19/ 2 19/ 10 19/ 19/ 19/ 19/ 19/ 19/ 19/ 19/ 19/ 19/
		saw the deceased alive on / 1/19/2 and that death occured at
		220 SIGNATURE DE A TAMEN NO ATTENDING MED. STAFF SIGNED
		22c PHYSICIAN'S 7
		NAME (Type) FILS R. LAFIN
	238	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
	24	FUNERAL DIRECTOR'S SIGNATURE , ADDRESS 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
	7	The Hast Francisco of Home Who made Mi) and 25 61 Cultury S. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1 1 15 (1) (1)

-	7.07.3	GERTIFICATE	. Of DEATH	13.433
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where decess	ed lived, if Institution; Residence before edmission)
	Prince Georges	MARYLAND	* STATE Maryland	ь. county Prince Georges
-	b. CITY OR TOWN (if outside corporete limits,	c LENGTH OF STAY IN 16	CITY OR TOWN (If outs de corporate	Lmits, write RURAL and give neerast town)
	write RURAL and give negrest town) Cheverly	5 days	() Hyattsville	
-	d NAME OF HOSPITAL OR INSTITUTION (f no	in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	Prince Georges Gener	al Hospital	3833 Hamilton	Street YES NO F
3.	NAME OF Frs' DECEASED	Middl.	Last 4. DATE	Month Dey Yeer
į.	(Type or print) Agnes	-S W	Rymer DEATH	Oct. 15 19 61
5.	SEX 6. COLOR OR RACE 17. A	MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AC	(In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White w	DOWED DIVORCED	10 Feb 1895. 6	yrs. Months Days Hours Min.
1D	a. USUAL OCCUPATION Give kind of work ine during most of working life, even if retired)	106. KIND OF BUS NESS OR INDUSTR	RY 11 E-RT (PLACE (County & State, or fore	12. CITIZEN OF WHAT COUNTRY?
l	Sub Teacher	Schools	South Carolina	USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	OFF-TO B AND ANYTHING
_	George T Warren		Ada King	
15 (Y	WAS DECEASED EVER N.U.S. ARMED FORCES s, no, or unkown) (Ifyesgivewerordatesofservice	1	C	Address
	no	10	an R Matthews Hy	attsville Md.
	18. CAUSE OF DEATH [Enter only one caus	se per lete tox (e), (b), end (c)]	. и	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Mute Lo	. White / heret	207.
	フベン・バ) DUE TO		X	
	Conditions, if eny, which (b)			
	(e), stelling the underlying DUE TO	(1)	(\cdot / \cdot)	
	cousa lost. (c)	Cittena accet	re Heat 400	
NO.	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICATION				YES NO 🖸
CERT FI	200. ACCIDENT WAS UNDERLYING] 2D. OR CONTR BUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in Pert , or Pert II of it	em 18.)
13	2Dc. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, ferm, 2Df (City or t	own) (County) (State)
MEDIC	Hour a.m. p.m. 19	at work at work	lory, street, office bldg., etc.)	and the second of the second
-	21. I certify that (I) (this hospita)	attended the deceased from		00 L) 19 (that (I) (we) last
	saw the deceased alive on		() 5" 2 2 4	e causes and on the date stated above.
	22e SIGNATURE			22b. DATE
	1. Det	7		TAFF HYS. \(\square\) S.GNPO
	22c. PHYSICIAN'S	5	22d. ADDRESS	7
	NAME (Type) Dr. A. Deit	Z., M.D.	Hyattsville	• p Fid
23	e. BURIAL, CREMATION 236. DATE THEREOF	a contract of the contract of		N (City, town or county) (Stata)
	Burial Oct 18, 1	961 Arlington Na	itional Arling	ton Va
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1	25b. REGISTRAR'S SIGNATURE
	F. Gasch's Sons H	yattsville Md.	DATE OCT 1 8 '61	Cuthur S. Frank



RYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT TO EXPLOY! MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the pay is necessary, please execute the certificate, writing the word "pending" in pendin in Item 18. Give Pages 1, 2, and 3 to the furstal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Hability or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A1SME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11816 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
11811

	1.	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY c. STATE 7 b. COUNTY c. STATE 7						
		MARYLAND Maryland Vrince gonges						
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give indepent towns to the composition of the com						
		National Michigans						
500		d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street eddress) 7308 Foster Street 0. IS RESIDENCE ON A FARM? YES NO FT						
3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED 1. DATE 1. DATE								
	10a do	usual Occupation (Give kind of work ne during most of working life, even if refired) L. S. Gort Marth Carelena 12. CITIZEN OF WHAT COUNTRY? L. S. G.						
	13.	FATHER'S NAME						
	_	Robert Mercer Emmable bet						
d		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address						
		ho willie O. Davil, Same ast 2						
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]						
		PART I. DEATH WAS CAUSED BY: acute Congestive treat factors onser and DEATH						
		DUETO + Algorities 1. + of						
		Conditions, it eny, which \ (b) · arlandon the Read Chisa Color						
		gave rise to immediate cause (e), stelling the underlying DUE TO						
		cause last. (c)						
	NOL	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?						
	3	YES NO						
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING CONTRIBUTING COURT OF DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of IIam 18.) CAUSE OF DEATH.						
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20). (City or town) (State)						
	MEDICAL	Hour a.m. While Not While fectory, street, office bldg., etc.]						
		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion						
		death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner						
		CHIEF MEDICAL EXAMINER						
		SIGNATURE James J. Joya M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
,		EXAMINER'S JA 149 e S I. BOY d DEPUTY MEDICAL EXAMINER 16/16/6/ NAME (Type) JA 149 e S I. BOY d Address (Street, city, town, or county)						
	225	BURIAL, CREMATION, 226. DATE THEREOF 226. HAME OF CEMETERY OR CREMATORY 226. LOCATION (City, Jown, or country) (Siete)						
Ì	13	serial 10-18-61 Fourtain Cent Fountain N.C.						
	23.	EUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE						
		F. Wa Lees 11/ashingtex D. C. DOET 17:61 and 8 the						
	//							



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hages after death Page 4 y the funeral directar, 2 shaud be filed with Then please remave carban papers Pages I and may be the field by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 the State Board at Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death

MADVIAND STATE DEPARTMENT OF HEALTH

	11817 DIVISION	OF STATISTICAL RESEA		TE OF DEATH	,	LAND) R	262	
)	PLACE OF DEATH o. COUNTY Prince George's	MAR	YLAND	2. USUAL RESIDENCE (WI STATE Maryland		If institution in Prince (on)
	b CITY OR TOWN (if outside corporate limits, w RURAL and give nearest tawn) Cheverly	vrite c. LENGTH OF STAY	IN 1b	Upper Mar	_	nits, write RURA	L ond give ne	arest town)
	d. NAME OF HOSPITAL (If not in hospitol, give of institution Prince George's Gener	al Hospital		d. STREET ADDRESS Box 14118				e, IS RESI ON A YES	PARM?
3	NAME OF First DECEASED (Type or print) George	Middle	•	Savoy	4. DATE OF DEATH	Octobe:	-		⁶ 61
5.	Mara Calared	MARRIED NEVER MARR		10-9-39	9. AG lost 2	birthday) Mo	onths Days	Haurs	R 24 HRS Min.
L	o USJAL OCCUPATION (Give kind of work dane during mast of working life, even if retired)	10b. KIND OF BUSINESS	OR INDUST	md	,		4.5	F WHAT C	OUNTRY?
	James Savoy			14. MOTHER'S MAIDEN I	1/e }		·		
	(as, no, or unknown) (If yes, give wor or dates of service). 17, IN	gmes Se	2004	dpp	en	Mala	z/bo
	_	per line for (o). (b). and (c) Carcinomatosi sarcoma of le	s sec		teogenic			TERVAL BE	
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITE						IN PART 1(a)	PEREO	AJTOPSY RMED? NO
		. DESCRIBE HOW INJURY (CCURRED	(Enter noture of injury in	Port I or Port II of	item (b.)			
MEDIC AL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. p. m. 19	20d, INJURY OCCURRED While Nat while at wark at ot wark		CE OF INJURY (Home, form tory, street, office bldg., etc.		vn)	(County))	(State
	21 I certify that (1) (this hospital) a saw the deceased ative an/ 0 220 SIGNATURE		that de	eath accurred 10:1	M, fram the	o/3 causes and o	19 <u>6</u> L, tl	e stated	we) last abave b DATE \$IGNED
	Dr. Till Bergemann				ent Rd.			lt, M	id.
2.	REMOVAL (Specify) 236 DATE THEREOF	1 HOLY	F19	mily	Wood	mon or co	ounty)	Md	9)
24	EUNERAL DIRECTOR'S SIGNATURE	4 4925 N	eary	Ave DATE O	CT 9 '61	25b, REGISTRA	AR'S SIGNATU M. J. Flan		

Circhus S. France

DATE OCT 9

TOH VR A15 (4) 15M II/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. if institution Residence before admission) a. COUNTY Prince George's Pringe George! MARYLAND b. CITY OR TOWN (if ouls de corporata fimilis, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporala fimils, write RURAL and give nearest town) write RURAL and give neerest town) Cheverly Kent Village D. O. A. ed. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's eneral Hospital 2808 74th Avenue YES NO T DATE DECEASED the (Type or print) Leech DEATH Sarah Sensing October 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 . - PALE OF BIKIN 9. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Female WIDOWED T DIVORCED [July 25,1897 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or 1 reign country) 12. CITIZEN OF WHAT COUNTRY? dose during most of working life, even if retired) Own Home Tennessee .S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ransom Leech Alice Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass permit. (Yes, or unkown) [(Ifyesgivawarordelesofservice) Mary Alice Sensing, None same 18. CAUSE OF DEATH (Enter only one cause per I ne for (a), (b), end (c).) Office along w burial-transit per INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Acute congestive heart failure s a burial-t DUE TO Cardiovascular renal disease (b) gave rise to immediate cause **DUE TO** (a), sletting the undarlying SB cremation, or causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19, WAS AUTOPSY PERFORMED? NO 1 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Pert II of item IB) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A Page 3 sl 20c. TIME OF INJURY Month Day Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Not While CTOR: et work et work 21 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL should be for FUNERAL ASSISTANT MEDICAL EXAM.NER DATE SIGNED SIGNATURE Oct. 26, 1961 ames I. Boyd NAME (Type) Address (Street, city, town, or county) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 40 9 VS. AISME 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY **b.** COUNTY Prince Georges! MARYLAND Maryland RURAL - Pro GOO S b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 write RJRAL and give nearest town) L1fe RURAL - Upper Marlboro

d. NAME OF ROSPITAL OR INSTITUTION (1 not in hospital, give street eddress) Upper_Marlboro "Sasscer's Green" "Sasscer' NAME OF DATE Lucile DECEASED OF (Type or print) DEATH IF UNDER 24 HRS. AGE (In yeers HE UNDER 1 YEAR NEVER MARRIED T lest birthday) Months White Female WIDOWED [DIVORCED | Nov.22, 1898 100. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? don (Orthofin stellar orking life, even if retired) County Govrnmnt Maryland U. S. A. Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tharles Alfred Duvall Mary Van Ness 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT Address (Yes, no, or unknwn) i (Ifyes give wer or detes of service) 218-38-8736 James H. Shreve-Same as Item #2. 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c)) INTERVAL BETWEEN orenary Thrastona terrosoleratic CV ilisease PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) **DUE TO DUE TO** (e), stelling the underlying PART J. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 160 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of Item 18) 20c. TIME OF INJURY 20d. INJURY OCCURRED 200, P.ACE OF INJURY (Home, farm, 201, (City or town) (County) Month, Dev. Year fectory, street, office bldg., etc.) While Not While et work et work 2.5.00 (we) last 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on.... ATTENDING DIRECTOR 22c PHYS CIAN'S 22d ADDRESS Robert B. Sasscer. M.D. Upper Marlboro, Md. 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) St. Thomas Cemetery Maryland Croom. Burial

ADDRESS

Ritchie Bros.Fun'l Home-Upper Marlboro, Monte NOV 2

. IS RESIDENCE ON A FARM?

YES NO A

1961.

PERFORMED? - но 🔀

> 22b. DATE S.GNED

250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

unhur S. Thouse

Hours

FUNERAL director, be filed v 0 VR A15 (4) 15M 9/60

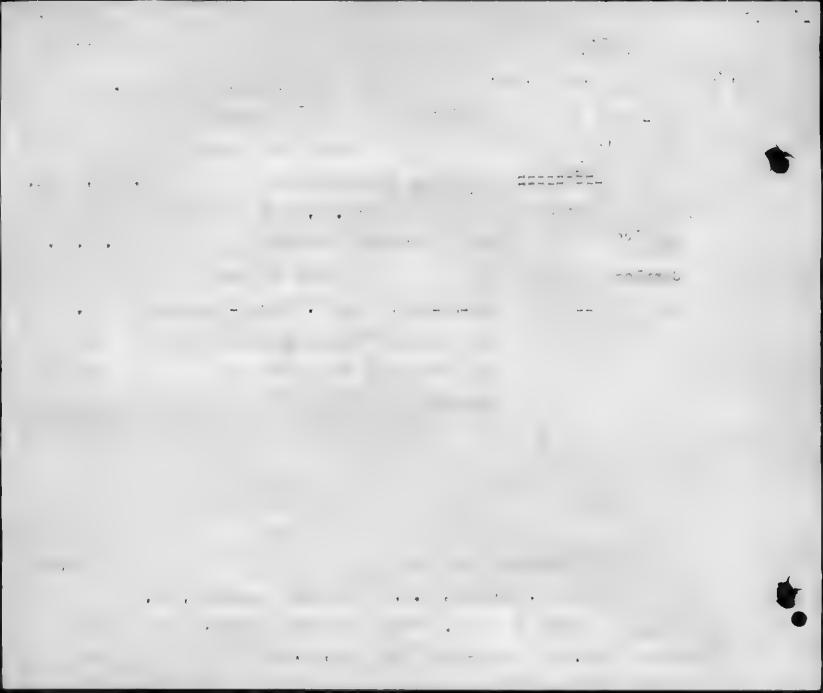
24 FUNERAL DIRECTOR'S SIGNATURE

funeral

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATE OCT 6

Year

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(State)

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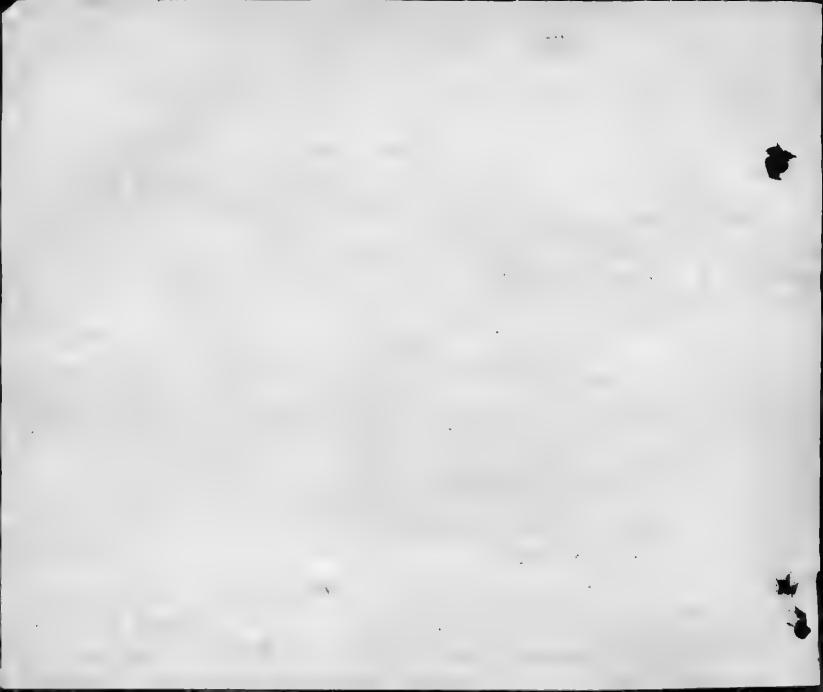
Chilling S. Huma

VS A1S (4)

1SM 9/58



TE DEPARTMENT OF HEALTH REET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) MARYLAND b. CITY OR TOWN (if outside coroquelle limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN .If guiside corporate I mits, write RURAL and give nearest town MAME OF HOSPIT IS RESIDEN NAME OF DECEASED (Type or print) DEATH B. DATE OF BIRTH last birthday) 10b. KIND OF BUSINESS OR NOUSTRY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. (Yes, no, joyunkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Antenoun IMMEDIATE CAUSE (a) (e), stating the underlying PERFORMED? 200. ACCIDENT WAS JUBER YING 1 | 20b. DESCR BE NO X Failure 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18.) OF CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e. PLACE OF NJURY (Home, farm, ' 20f. (City or fown) (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work, 1960, to October 23., 1964, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Samuer y 22b. DATE ATTENDING SIGNED DIRECTOR 7 PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 1 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial Colmar Manor, Md. Ft. Lincoln VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 15M 9/60 Hvattsville, Md. Francis Gasch's Sons arthur S. Kraus



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physician

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has been signe e burial-transit

certificate 8 5

After this

FUNERAL

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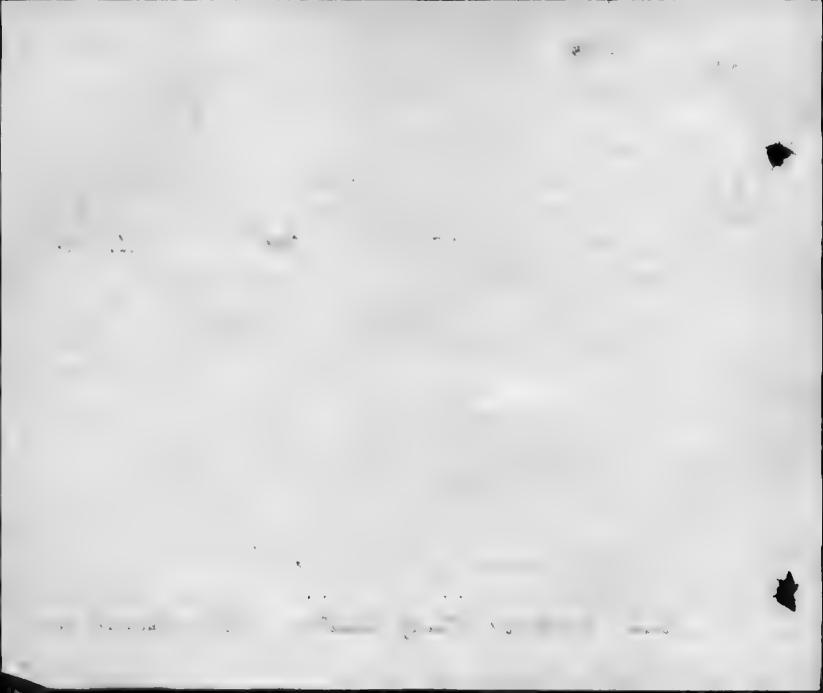


. 1	MARYLAND STATE DEPARTMENT OF HEALTH
<i>j</i>	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUR STATE	1102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
REALDH DOPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution, Residence before admission)
28.金	a. STATE
Page 1	b. CITY OR TOWN (if outside comprete limits.
र रिज्ञे हैं हैं	write RURAL and give nearest lown)
dire	Cheverly D.O.A. Camp Springs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS
Boar	ON A FARM?
ine take	Prince George & General Hospital 6346 Noah Drive
the Sie Sie Sie Sie Sie Sie Sie Sie Sie Si	DECEASED OF
the the	Edward Joseph Spangler October 15, 19 61
d dead	last birthday Months Dave House Min
1 2 3 a	Male White Whowell X Divorced April 24, 1900 61 yr.
1,2 1,2 an	done during most of working life, even if retired)
gges ges 1, Pa jes 1	Carpenter Building District of Columbia U.S.A.
Pag Pag pag with	A state of the sta
Within (8. Giv form Form File event	George Spangler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 7. A. 7.
18 18 18 18 18 18 18 18 18 18 18 18 18 1	(Yes, no, or unkawn) (Ifyesgivewerordetesefservice)
ted with with sern	No Edward J. Spangler Jr. Washington 23, I INTERVAL BETWEEN
in the site of the	B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
e ex ncil in alor frans and	IMMEDIATE CAUSE (a) Asphyxia
d b per jice ial-	7 / 5) DUE TO
la de la companya de	Conditions, if any, which (b) Due to acute carbon monoxide poisoning
ling ling er's as a	(e), stelling the underlying DUE TO
fire min ed 2	causo lost. (c)
d "pd "Exa	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 e) 19. WAS ALTOPSY PERFORMED? YES NO PRIMARY 19 or CONTRIBUTING COURTED. (Enter neture of injury in Part I or Part II of item 18.) WINDOWS CAUSE OF DEATH.
orical d b	YES NO P
hed hed in	20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert II of item 18.) PRIMARY 15 or CONTRIBUTING WINDOWS
INER ting the factor of the fa	TOD D DOOR TROM TOD OVERAINT OF HIS AND AND LEADERS
Chining of the base of the bas	20c. TIME OF INJURY Month, Day, Year And INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, fectory, sheet, office bldg., etc.) While Not While fectory, sheet, office bldg., etc.) Occurred the street of the stre
XA Se, w	10:00 10/15/61 of work at Garage Camp Springs P.G. Md
T CO CO	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection I liquiry and in my opinion
Tring Granita	death resulted from: Natural ceuses, Accident, Suicide, Homicide, Undetermined manner
EDI he c war war d mg	CHIEF MEDICAL EXAMINER
Te of a second	SIGNATURE James de Jogo M. ASSISTANT MEDICAL EXAMINER DATE SIGNED
CY Descrite Id be for IERAL	DEDITY MEDICAL TVALIDITE T
1 6 2 2 6	NAME (Typs)
DE should FUNI	22a. BURIAL, CREMATION 22H. DATE THEREOF BORDE. NAME OF CEMETERY OB CREMATORY 22d. LOCATION IC by John, or country (Sleta)
5 <u>7</u> 4 5 g	Elitar 19/6/ Olimbia Faralus askuston Na
VS. AISME	23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60	NUW (MCMARLIA CO 5/7 // S ST SE DATE OCT 1 8 '61 Ciriling & Kinus
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MARYLAND STATE DEPARTMENT OF HEALTH



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	11825 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH PERT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, It institution Residence before admission)
रें हैं , में जि	Prince George's Maryland Prince George's
Tile Hear	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town)
necto com	Cheverly DOA Clinton
\$40 EC	. NAME OF HOSPITAL OR INSTITUTION (I not in hospital of vertice) eddress on a farm)
10 0 C	Route 3 1. Bax 728
Stain	3. NAME OF First Middle Last 4. DATE Month Day Year
or the	(Type or print) William Henry Stewart DEATH OCTOBER 114 1961
eath 13 to Vih	5. SEX Male 6. COLOR OR RACE A MARRIED NEVER
and and 2 v 2 v ours	widowed Divorced March 16,1884 // yrs.
1, 2, 1, 2, 39 5 39 5 39 5 39 5 5 4 2 7 2 h	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired) 10e. USUAL OCCUPATION (Give kind of working life, even if retired)
ours ges Pac 1 ss 1	
WAS Page	
	Wallace Stewart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address
For 18	(Yas, no, or unkown) (Hyesgivawerordalesofservice) = 77 20 72011 Morganies W1771ams same as # 2
ted with pern	18. CAUSE OF DEATH (Enter only one cause par I ne for [e), ,b), and (c).]
in L in L nong nong L in L	PART I. DEATH WAS CAUSED BY. ONSET AND DEATH
oe e nucil alc and	
Ind E	Conditions, Fany, which (b) Cardiovascular renal disease
shorts of starts	gava rise to immediate cause
ndin iner I as	(e), Maring the underlying Cause lest.
"pel" xam usec	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
ord ord mat	PERFORMED? YES NO I
Suld Suld Suld Suld Suld Suld Suld Suld	YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of 'njury In Port or Part of Itam 18.)
S S S S S S S S S S S S S S S S S S S	
MIN Chiefir	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Homa, farm, Plant of the same at work a
XA (e, v the c: Pr	p.m. 19 at work et work
Topical Fical	21. I certify that I took charge of the remains described above, held an Autopsy Inspection I Inquiry and in my opinion
San de Control	death resulted from. Natural causes . Accident . Suicide . Homicide . Undelermined manner
the The DIR	ACTUAL A CHIEF MEDICAL EXAMINER A CONTROL OF ANY MEDICAL EXAMINER A CONTROL OF ANY MEDICAL EXAMINER AND A CONTROL OF A CONTROL OF ANY MEDICAL EXAMINER AND A CONTROL OF A
M M M	SIGNATURE MD ASSISTANT MEDICAL CAMMINER
d by	EXAMINER'S James I. Boyd Address (Street, city, town, of county)
DEPC ease exe should I FUNEI	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (51618)
0 9 4 0 9	Burial 10-18-61 St. John Church Clinton Md.
н н ;	23. FUNERAL DIECTOR ADDRESS Wash . 19 DZ40 REC'D BY REGISTRAR 286. REGISTRAR'S SIGNATURE
YS. A15ME 5M 9/60	Myrtle K. Rollins 4339 Hunt Pl., N.E. DATE OCT 17'61 Cullun & Huns

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND



TATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if Institution, Residence before admission) COUNTY Prince George Prince George MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown). c LENGTH OF STAY IN 16 write RURAL and give naerest town) Seat Pleasant Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Prince George's General Hospital 16 67th Ave DECEASED Baby Boy Milton (Type or print) DEATH Oct. Sullivan COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In veers NEVER MARRIED last birthday] WIDOWED [DIVORCED 10e. USUAL OCCUPATION (GIVE kind of work 10b KIND OF BUSINESS OR INDUSTRY BIRT PLACE (County & State or fore on country) done during most of working life, even if retired) U.B.A. Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas■ atte=ding Milton Sullivan Margaret Ann Sullivan 15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT The (Yes, no, or unkown) , (Ifyesgivewarordatesofservice) Mother 1B. CAUSE OF DEATH [finiar only one cause per ine for (a), (b), end ,c). signed by IMMEDIATE CAUSE IN DUE TO emoture Separation of Conditions, if any, which certificate has been geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFIC, 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Item 18.1 208, ACCIDENT WAS JNDERLY NG OR CONTRIBUTING CAUSE OF DEATH After thi 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., atc.) Not While Hour a.m. et work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from Octo Detto 1 1961, to Octo 1 1961 that (I) (we) last 196/, and that death occurred at 16:50 families causes and on the date stated above saw the deceased alive on 22a. SIGNATUR ATTENDING PHYS. DIRECTOR PHYS. FUNERAL rector, page 3 22d, ADDRESS Francis Warren director, be filed v 23m. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial 10/5/61 Washington National Suitland

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO 1901 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A Same INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO YES (County) 22b. DATE SIGNED Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Orthun - S- France



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11828

CERTIFICATE OF DEATH 11019

A		
	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, finstitution, Residence before edmission,
i	Prince George's MARYLA	MANUTIONA : PNI NOG GOOTIGG 'C
,	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY) write RURAL and give negrest town)	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	, Cheverly 22 days	W. Hyattsville
	d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address	
	Prince George's General Hospital	6001 37th Avenue
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
i	(Type or print Norman C.	Sweeney, JR. October 10 19 61
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	3 B DATE OF SIRTH 9, AGE (n years IF UNDER LYEAR IF UNDER 24 HRS
	Male White WIDOWED DIVORCED	8-2-13 last birthdey) Months Deys Hours Min
	100. JSUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR IN	DUSTRY 11, BIRTHPLACE (County & SI to or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Elevator Constructor Chis Elva	le Markenton M.B. M. C.A.
	13 FATHER'S NAME, CONSTRUCTOR CHOS ELVA	14. MOTHER'S MAIDEN NAME
	Marian P &	es la Denas Alaman
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO	MINFORMANT 1 2 6 M Address OFFICE 34th A
	[Yes, no, or unkawn] (If yes give wer or detes of service)	mis Helen E. Mane my Bare and
	18. CAUSE OF DEATH [Enter only one couse per line forth], (b), end (c)]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY,	ONSET AND DEATH
	162 IMMEDIATE CAUSE , o, Cur C.	the time
	DUE TO	2 to a state populate
	Conditions, if eny, which (b)	e Fat 10 Fro confirma
ļ	(a), staling the underlying DUE TO	
	ceuse lest. (c)	UT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH B	PERFORMED?
į	200 ACCIDENT WAS UNDERLYING [20b. DESCR BE HOW INJURY OC	CURED. (Enter nature of neury in Part I or Part II of tem 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONCO. (Color newart or represent to the rest to the r
		te, PLACE OF INJURY (Home, farm 20f, (City or lown) (County) (State)
	Hour a.m. While Not While	lectory, street, office bldg., etc.)
	7	
	0 1 1	from Juguet. , 1960 to Cled (1). , 196 that (1) (we) last
i	A	that death occured a 9:200M, from the causes and on the date stated above
	22e SIGNATURE	ATTENDING PARTS. STAFF SIGNED
j	- Comment office sui.	M.D. PHYS. DIRECTOR PHYS.
f	22c. PHYSICIAN'S NAME (Type	220. ADDRESS 21.09 Dhada Talland Arra Ith Painian Md
	Dr. Leon R. Levitsky	3408 Rhode Island Ave., Mt. Rainier, Md
	23e. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEM.	(Stele)
	Durial 10-10-1761 Urengu	Trungton Virginia.
	24 FUNERAL DIRECTOR'S SIGNATURE	250 RECI'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	VVIVVICTUAT PUDGICUS OU OU CO	DATE OCT 13 '61 Chilling S. Thomas

ofer. Alfed in by the funeral papers Pages 1 and 2 should hours after death. within 24 hours after IO HOST ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death.

LO FUNERAL DIRECTOR: After this certificate has been signed by the attending maysician and campilen.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending maysician and campilen. director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Mapt. of Mealth prior to burial, cremation, or manoval, and in any event, within the VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH 11828 CEPTIFICATE OF DEATH

11914

24			ユエジルン	CERTIFICA	IE OF DEATE	1		, V.T.4
M)	1.	PLACE OF DEATH o. COUNTY Prince G	eorge 's	MARYLAND	2. USUAL RESIDENCE (M o. STATE Maryland	here deceased live	b COUNTY Prince Ge	_
		b CITY OR TOWN RURAL and give i	(if outside corporate limits, write negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporote	limits, write RURAL an	d give nearest town)
A		Cheverly		2 days	Fairmont	Heights	-2 (
17	1	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give street eorge is General	oddress)	6106 Jay	Street.	7	e. IS RESIDENCE ON A FARM?
	-			-		· 7		YES NO
		NAME OF DECEASED (Type or print)	Raymond	Middle	Thomas	4. DATE OF DEATH	October	17 19 6:
	5	SEX	6 COLOR OR RACE 7 MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9 /		ER 1 YEAR IF UNDER 24 HR
		Male	Colored WIDOW	ED DIVORCED	1-14-36		24 yrs. Month	
	100	during most of wo	ION (Give kind of work done 10b, rking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. SIRTHPLACE (Stot	e or foreign caunt	15 (TITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	1	00.0
T		FRANK	Thomas		Matikel	19 Will	liams	
		WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 1	NEORMANT	P	Ced Address	Hate Mil
	E	LO CALIFE OF DE	A PILL FROM LAND AND ADDRESS OF THE PILL AND ADDRESS O	an fan fan film an film i	- GREG KE		C.CUME !	INITERIAL SETIMEN
			EATH [Enter only one cause per li		Park and the	3 -2 - 1		ONSET AND DEATH
		F/2 X	IMMEDIATE CAUSE (o) BT	ain Abscess (r.	ight parietal	Tope)		unknown
		Conditions, if	any, which) /Ls Abs	scess of Ethmo:	id Sinus			unknown
		gove rise to	immediate DUE TO					
		lying cause lost						
7 Au	NOI	PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE CO	ONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPS PERFORMED?
P1 344	12		opneumonia, bil					YES NO
	CERT F	206. ACC DENT WORLD CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLY NG [] 206 DES IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part Lor Part II o	of item 18.]	
	ICAL	20c TIME OF INJU	,,	4.	ACE OF INJURY (Home, for ctory, street, office bldg., e	m, 20f (City or	łown)	(County) (Stat
	MEDI	Hour a m.	10	1701 Willie	ciory, siresi, office diag., a			
			iat (I) (this hospital) attend	ded the deceased from	10115 1	061 10 /	0/17 10	6/ that (1) (we) la
1			ased alive an out	.el	death occurred a			
		220 SIGNATURE	. 0		Dall	le		22b DATE
•		Nand	1 Thomaster	Zn. A.	ATTENUING	MEO	TAFF PHYS	SIGNI
		22c PHYS, CIAN 5			22d. ADDRESS			
		Dr. Leo	n R. Levitsky		3408 Rho	de Islan	d Ave., Mt	. Rainier, M
	234	DORIAL CREMAT		23c NAME OF CEMETERY	DR CREMATORY	23d LOCATION	(Cy Jown, or count	y) (Stote)
		REMOVAL (Spec f		Lincoln	Mem.	Suis	Hand.	Kil Mid
4. h	24.	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	250. REC	'D BY REGISTRAR	29b. REGISTRAR'S	SIGNATURE
	1	4.5. Was	lington 4 5m	4935 Dim	4- (me NOTE (PET 2.4 '61	1 . struct	y #

by the funeral director, TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 4 may be red by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled by the funeral director.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 83 MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived, if institution Residence betch a COUNTY Printe George's MARYLAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wr.ta RURAL and g ve nearast fown) Riverdale D.O.A. d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Leland Memorial Hospital 320 Holly YES NO X DATE DECEASED (Type or print) DEATH Michael Tilton October 2, and 3 to e 5 may be and 2 with 2 hours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years) FUNDER 1 YEAR I IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) in pencil in Item 18, Give Pages 1, Office along with form PM3. Page U.S.A. pages 1 None Virginia None Grant T11 ton Hazel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) Mrs Hazel Tilton/ same None
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Examiner's Office along a used as a burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Asphyxia IMMEDIATE CAUSE (+) DUE TO Aspiration of foreign body Conditions, if any, which gava rise to immediate seuse **DUE TO** (e), stating the underlying ould be used a cremation, or PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1,0) 19, WAS AUTOPSY PERFORMED? NO 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Pert I or Part II of item 18.) ute the correction to the Chief means of DIRECTOR. Page 3 should be should b Aspirated a bean ease execute the cert ficate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 s 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. [City or town) (County) (State) factory, street, office bldg., etc.) 6 al work el work laure! 21. I certify that I took charge of the remains described above, held an Autopsy 😿 Inspection 🛣 Inquiry 🔀 and in my opinion Natural causes Accident 1 Surcide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER [designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Oct 14,1961 DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city town, or county) NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) 40 p Webb Virgina VS. AISME

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH Them 7 Film 0305, 2 Usual nesidence [Where deceased lived, If assitution, Residence before edmission] PLACE OF DEATH a. COUNTY .. STA Waryland Prince George MARYLAND b. CITY OR TOWN (if outs'da corporate I mits. c. C.TY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 1 Davs Riverdale Cheverly d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address d STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital 5510 Taylor Road YES NO DE 3. NAME OF DECEASED Oct. 8, 1961 (Type or print) DEATH Jessie 6. COLOR OR RACE 7. MARRIED TO LINEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR, IF UNDER 24 HRS. lest birthdey) Femal 10a. USJAL OCCUPATION (G'v . kind of work , 10b, KIND OF BUSINESS OR INDUSTRY 11 BATHPLACE County & Slete, or foreign country) | 12, CT.ZEN OF WHAT COUNTRY? done during most of working , fe, even if ret red) Resturant S Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jesse Trout Edna E Cawthon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | (If yes give wer or deles of service) John W Stepp Riverdale. Md. 212 20 1834 19. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Carcinomatosis IMMEDIATE CAUSE (e) DUE TO Malignant melanoma of the skin 2 years Conditions, if any, which gava rise to Immadiate ceuse DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION G VEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of tem 18] 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) While __Not While Hour a.m. at work at work19 6.1., and that death occured all: 504, Pirdh the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 4314 Galliten St. NAME (Type) Dr. Aaron Dietz, M.D. Hvattsville. Md. 238. BUR AL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) 11. 1961 Ft Lincoln Cemetery Colmar Manor, Md. 25e. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyattsville Md. Cothur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

funeral

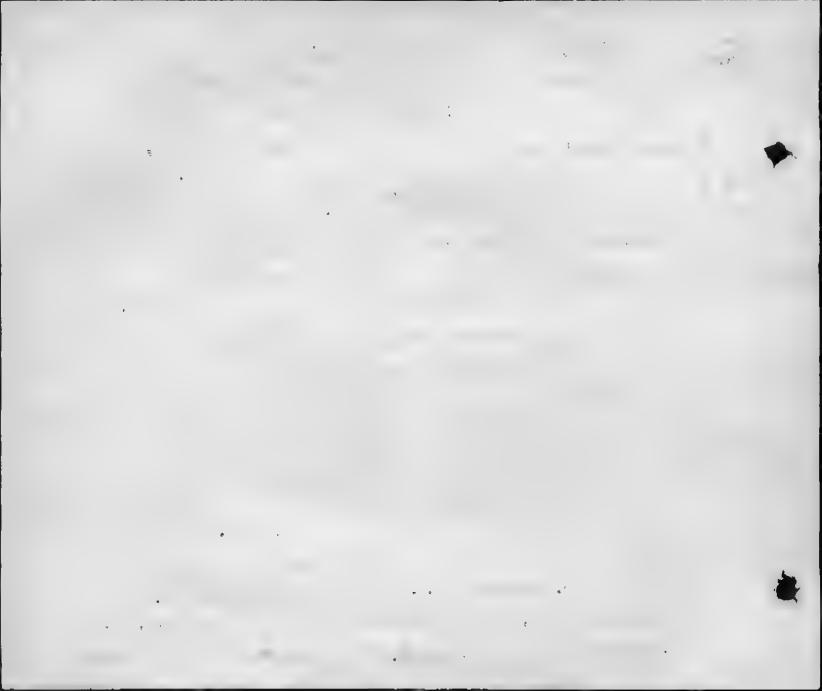
by the and 2 death.

DIREC 3 shoul

A C + B

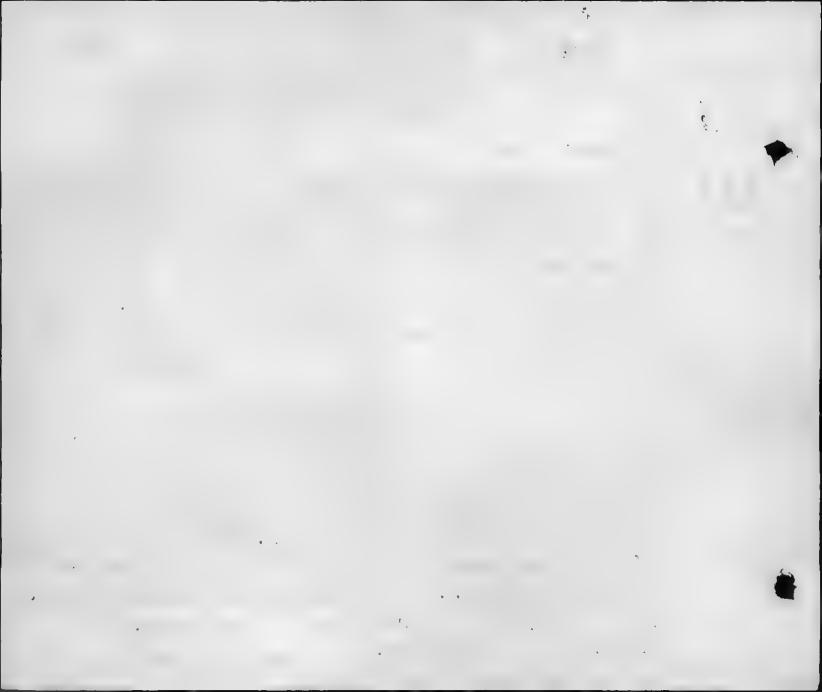
VR A15 (4)

15M 9/60



DATE (CT 1 8 '61

arthur S. Thousa



TO HOSE TO BE STIENDING PHYSICIANS: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Ted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

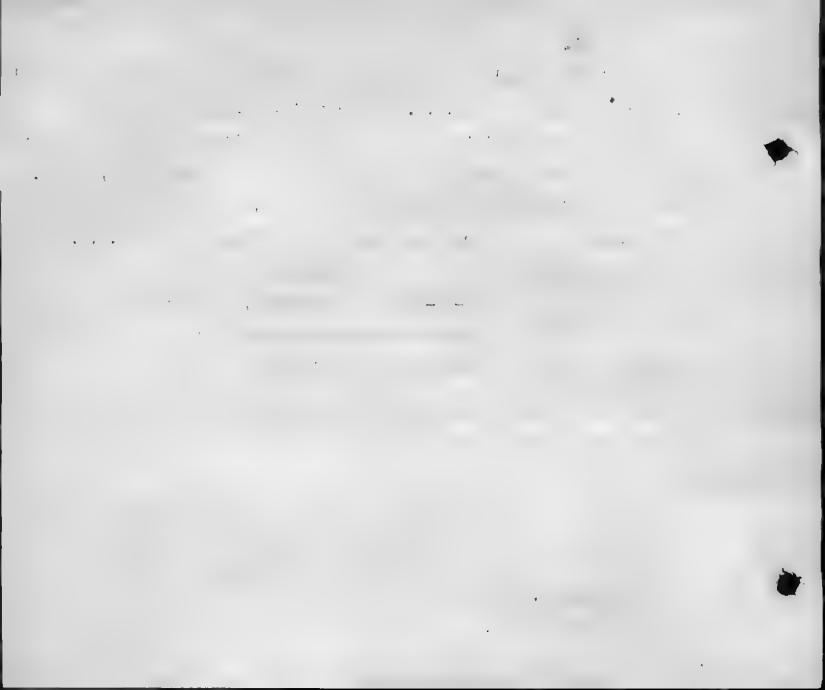
11833

CERTIFICATE OF DEATH

	_						44 - 14-	
M		PLACE OF DEATH COUNTY Prince Georges	MARYLAND	2. usual residence (•. STATE Maryl	_	d lived, if institution b. COUNTY P		
_		b. CITY OR TOWN (if outside corporate I mits, write RJRAL and give nearest town) Cheverly	E. LENGTH OF STAY IN 16	CITY OR TOWN (III out		l.m ts, write RURA.	and give ne	srest town)
7	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi Prince Georges General		d. STREET ADDRESS	56th A	770		o. IS RESIDENCE ON A FARM?
,	3.	NAME OF Frst	W date		DATE	Month	Day	Year NO Year
		(Type or print) William	M	Tyson	OF DEATH	Oct.	25	1961
		Male White WIDOWED	DIVORCED [21 Oct. 1878	83	E (In years) IF UND b'rinday) Month	Days	Hours Min.
	do	s. USUAL OCCUPATION (Give kind of work in a during most of working life, even if retired) AR CLI FANE Retired FATHER'S NAME	SHINGTON	Y II B RTHPLACE (County & LARREN TON 14. MOTHER'S MAIDEN NAM	,VA	n country] 12.	CITIZEN OF	SA
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SI ss, no, op whown) [(Ilyasgiva waror datasof sarvice)]	OCIAL SECURITY NO. 17. 1	UNK/	vow,	Address	<i>p</i> -	_
	7	IB. CAUSE OF DEATH [Enter only one cause per I of	e for (a), (b), and (c).]	nollie BTYS	son.	SAME I	INTER	VAL BETWEEN T AND DEATH
		Concilio which gave rise to immediate cause (a), stating the underlying cause test.	un · Stoler .	bear diles	-	And the second s		
	CERTIFICATION	PART II. OTHER SIGNIF CANT CONDITIONS CONT				_	YE	PERFORMED?
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		. (Entar natura of injury in Part				
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. IN While at work		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or to	wn) ([County]	(Stala)
/		21. I certify that (1) (this hospital) attends saw the deceased alive on	1961, and that	death occured at 35	MANon the	Causes and CAFF		
	23	NAME (Type) Dr. Till Bergemann BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMEYERY		3d. LOCATION	108 , G		t, Md.
	24	FUNERAL DIRECTOR'S SIGNATURE	WASH NA	T4 CEMI		LAND 1256, REGISTRA	R'S SIGNATU	14D_
X	6	J. W. Chembers Co. Inc _ 5/7	1-11th S. S. E.	DATECT 2		Q-Thun		



1	MARYLAND STATE DEPARTMENT OF HEALTH
1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	11834 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if institution Residence before edmission) 3. COUNTY
Page 185.	Prince George's Maryland b. COUNTY Prince George's
SEEM)	b, CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) write RURAL and give nearest town)
d out of	District Heights D.O.A. District Heights
for for	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ned ned	District Heights Clinic 13 Weber Drive SE
he further fraging Standardear	3. NAME OF First Middle Last 4. DATE Month Dey Year OF OF OF The Company of the C
The	(Type or print) Abbott Richard Vaughan DEATH October 1, 19 61
A Salar	- ast bridday Land Down
her de 5 ma) d 2 w hours	Male White whowed Divorced September 4,1906 55. Months Deptember 4,1906 Deptember 4,1906 Male White Whowed Deptember 4,1906
1, 2 1, 2 1, 2 1, 2 2, 3 7, 2	done during most of working life, even if retired)
hour 1. Pa 1. Pa 1. Pa 1. Pa	Inspector Architect of Capital Tennessee U.S.A.
PMS PMS PAS With	Felix Vaughan Dolly Abbott
File Gills	SE WAS DESCRIPTION OF THE PROPERTY OF THE PROP
Wil 18. 18. Ye Ye	(Yes, no, or unknown) ((free squeewer) of detes of service) 404-05-0734 Ruth Abbott, same as # 2
uter Item wit per	18. CAUSE OF DEATH (Enter only one cause per une for (e), (b), and (c).
exection on the state of the st	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Acute congestive heart failure
be encidencide all-tra	420.1 DUE TO
ould in p jourie jova	Conditions, if eny, which Coronary artery disease
r's (geve rise to immediate cause (e), stating the underlying DUE TO
andiine nine day	cause lest. (c)
Exan Exan tion	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
vord vord cal I d be	YES NO
he v Aedi houji I, cr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
fing thing the second s	
Writing Chief Chief 3ge 3 to bur	Hour e.m. While Not While fectory, street, office bldg., etc.]
the, the the ior	
rtifica ed to CTOI ent, Pri	21. I certify that I took charge of the remains described above, held an Autopsy , inspection , Inquiry , and in my opinion death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
OBOME	CHIEF MEDICAL EXAMINER
Mile the forward forward aged ag	ASSISTANT MEDICAL EVANINED DETE SIGNED
A L Curie	SIGNATURE M.D. DEDITY MEDICAL SYAMINED TO 10 /1 /61
execute the second the forward be forward be forward be forward be forward by the	The state of the s
DEPCTT MEsse execute the should be forward FUNERAL DII	NAME (Type) James I. Boyd 220. BURIAL (ERMATION) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or country) REMOVAL (Specify) (Slete)
5 5 4 5 9	Quied oct 5-61 Spinos Hel Cometing nashable Jen
We Alster	23. FUNERAL DIRECTOR ADDRESS A
VS. A15ME 5M 9 60	Services Bres 1661-90 Hepper & E DATECT 3 '61 willing & Thomas
	Landa a land



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institution, Residence before edm ssion) a. COUNTY a. STATE b. COUNTY Prince Georges b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) lyd.,3 mo's. Washington Glenn Dale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RES DENCES ON A FARM? 3 NAME OF Dale Hospital YES NO. - G. St.. 4. DATE DECEASED OF 19 61 ã (Type or print) Wade Marion DEATH Oct. . 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and inst birthday) Months July 10. Male Negro WIDOWED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11, BRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Odd jobs York, S.Carolina 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Mary Bonds ā George Washington Wade 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give we ror dates of service) 245-18-2678 Decedent 18. CAUSE OF DEATH [Enter only one cause par I ne for (e), (b), and (c) Postoperative death subsequent to pancreatectomy INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) and splenectomy with intra-abdominal hemorrhage days Acute and chronic pancreatitis peen mos. geve rise to immediate cause DUE TO (a), steting the underlying Φ cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19 WAS AUTOPSY Coronary atherosclerosis, moderately severe: pulmonary tuberculosis YES X NO 20e ACCIDENT WAS UNDERLYING] OR CONTRIBUTING [] CAUSE OF DEATH | (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18) After this 2Dd, INJURY OCCURRED, 2De PLACE OF INJURY (Home, farm, 1 20f. (City or lown) 2Dc. TIME OF INJURY Month, Day, Yeer (Courty) (State) may be retained DIRECTOR: Af factory, street, office bldg., etc.) While Not While Hour e.m. at work | et work 1960 to Oct. 21 1961 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from U.Y. O. 22b. DATE 27a SIGNATURE SIGNED THYS. M.D. | PHYS. DIRECTOR FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME [Type] director, be filad Glenn Dale Hospital, Glenn Dale, Md. Moe Weiss 23d. LOCATION (City, town or county) 23a BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0 REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7 61



TO HOS. CL. OR ATTENDING PHYSECIAN: The law require that the death certificate be expense.

Seeth. And any be retained by the hospital or attending physician.

THE FULL DIECTIFE After this certificate has been signed by the attending elysician and complete Milled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11835 CERTIFICATE OF DEATH 11004

74		
/	1. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where decassed livad, If institution, Rasidance balore admission)
	Prince Georges MARYLAND	• STATE D. C.
	b. City OR TOWN (if outs da corporata mits, c. LENGTH OF STAY IN 16 write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
9	Glen. Pale (rural) 3 days	Washington 47X'%
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat addrass)	d. STREET ADDRESS . IS RESIDENCE
	Glenn Dale Hospital	1359 Jefferson St., N. V. YES NO ☑
	3. NAME OF first Middle DECEASED	Last 4 DATE Month Day Year
	(Typa or print) Allie	Hare DEATH 10 12 1961
		B DATE OF BIRTH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male Ne, ro WIDOWED DIVORCED	2/2/86 last birthday Months Days Hours Min.
	10a. USUAL UCCUPAT ON (G.va kind of work 10b KIND OF BUSINESS OR INDUST	RY 11. B RTHPLACE (County & State or forage country) 12 CITIZEN OF WHAT COUNTRY
	dona during most of working lifa, even if retired) Farmer Retired	No.
	Farmer Retired	14. MOTHER'S MAIDEN NAME
)	Robert Ware	Josie Fortune
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no, or unknown] [(Illyasgive war or dates of service)	INFORMANT Addrass
i	[Decedent
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a, Pulmonary tubercy	
	O O X DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediata causa	
	(a), stating the underlying	
		OT RELATED TO THE TERM, NAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	Renal disease with azotemia, etiology malnutrition.	undetermined; severe
)	S malnutrition.	AES NO X
	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	D (Enlar natura of intury in Part or Past of tem 18.)
		ACE OF INJURY (Homa farm, 20f. (City or town) (County) (State)
	Hour a.m. Whila Not Whila at work at work	
	21. I certify that (I) (this hospital) attended the deceased from.	10/9/ 1961, to 10/12/ 19.61, that (I) (we) last
		it death occured at.A.M. from the causes and on the date stated above
	22a. SIGNATURE	22b, DATE
	Mad Wen	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 10/12/61
	22c. PHYSICIAN'S	22d. ADDRESS Glenn Dale Hospital
	NAME (Typa) Moe Weiss, M. D.	Glenn Jale, Maryland
	230, BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY	
	REMOVAL (Spacify) 10-15-61 noons Cak Dro	1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	24 ELINERAL DIRECTOR'S SIGNATURE SSG Country Can DADRESS	258. REC'D BY REGISTRAR , 256. REGISTRAR'S SIGNATURE
ı	Sugar War War Va	DAT OCT 1 6 '61
	rugene was round, a,	DATE TO 01 Children S. Haus



22c NAME OF CEMETERY OR CREMATORY

Cedar Hill Crematory

Reg. Dist. No.

o. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY? USA

> INTERVAL BETWEEN ONSET AND DEATH

> > PERFORMED? YES NO A

> > > (Slote)

DATE SIGNED

Dovs

(County)

22d LOCATION (City, town, or county) (Suitland Rd. Pr. Geo.Co.,

240. REC'D BY REGISTRAR

DATELOT

24b REGISTRAR'S SIGNATURE

YES NO I

Year

19 61

3 should 0

NAME (Type)

REMOVAL (Specify)

Cremation

220. BURIAL, CREMATION, 22b DATE THEREOF

10/4/1961

30. SUNEAL OIRECTOR'S SIGNATURE 517--11th SADOSSSE. Wash DC



PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where decessed lived, if Institution, Residence before edm.ss on) . PLACE OF DEATH a. COUNTY a. STATE b. COUNTY d 2 d 2 MARYLAND b. CITY OR TOWN (if outside corporete imits, Te. LENGTH OF STAY IN 16 c CITY OR TOWN (If putside corporate limits, write RURAL and give pearest town) ЭÜ þ .5 7 Pages filled a. IS RESIDENCE papers. Pag n 72 hours ON A FARM? Midd . Henry 3. NAME OF DATE complet DECEASED OF (Typa or print) DEATH 19 5. SEX AGE In yours | IF UNDER I YEAR | IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED and lest b.rthdey) Months WIDOWED X DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 1.17. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 0 13. FATHER'S NAME 14. MOTHER'S MAIDENINAME please affending Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service) Harold B Hartog 18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 450,0 DUE TO Conditions, if any, which (b) geve risa lo immediale ceuse DUE TO (a), staling the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY certificate PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18) ā After this a HE EITHER, NOTIFY MEDICAL EXAMINER After 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF .NJJRY (Home, ferm, 20f. (City or town, (County) (State) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While et work at work DIRECTOR: 21. | certify that (1) (this hospital) attended the deceased from CLU. 4, 196 / to. C 161, and that death occurred 200 pM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE ATTENDING PHYS. DIRECTOR PHYS. FUNERAL 22c, PHYSICIAN'S director, be filed a 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b DATE THEREOF (State) Transportation Oct 9, 1961 Fayettsville 0 North Carolina 24 FUNERAL DIRECTOR'S SIGNATURE Gasch's Sons ADDRESS 25e REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE VR A15 [4] 1 0 '61 Hyattsville Md. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11839

CERTIFICATE OF DEATH

11824

1. PLACE OF DEATH D. COUNTY PRINCE	GEORGES		MARYLA	- 11	USUAL RESIDENCE STATE MARYL		deceased !	lived If institut b. COUNTY		e before odm E GEOF	
RURAL and give n	f outside corparate limits earest lawn) IR FORCE BA		LENGTH OF STAY IN	16	FORES:			ste límits, write l	RURAL and gr	ve negresi to	wn)
OR INSTITUTION	AL (If not in haspital, giv		dress)		13 DEI		E DRI	LVE		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Anne		Middle G IB	SON	last Winter		DATE OF DEATH	OCTOBE		Doy 3	Yeor 19 61
5 SEX FEMALE		7 MARRIEI WIDOWED	NEVER MARRIED (ATE OF BIRTH NOVEMBE	ER 189		AGE (In years last birthday) 70 yrs		YEAR IF UN	
10a USJAL OCCUPATION during most of work HOUSEWI 13. FATHER'S NAME	DN (Give kind of wark doking life, even if retired) FE	ane 10b. Kli	NO OF BUSINESS OR I			00000	EK Il	ntry) linois		ITED S	
GIBSON,					UNKNWON	DEN NAME					
15 WAS DECEASED EVE	R IN U. S. ARMED FORCE		CIAL SECURITY NO.	7. INFOR				Ado	iress		
[Yes, no NO waknown]	IIf yes, give war or dates of son	ncej		MEDI	CAL RECO	ORDS		SA	ME_AS	ITEM #	1
Conditions, if of gove rise to it couse (o), stoting lying couse last.	the under (c)		thero sc			P WP511111444	61/2 F.A.C.F.	SOMPLYON	LIPATIAN DA OY		NowH
САПС	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X										
G (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		IBE HOW INJURY OCCU								
Y 20c TIME OF INJUR Hour a.m.	(Y Month, Day, Year 19	While at work [Not while		OF INJURY (Home street, office bldg	g., efc.)		,		ounty)	(Stote
saw the decea	st (\$ (this haspital) sed alive on 3 00	attender CTOBE	d the deceased fro R_19 61, and th	at deat	ATTENDING PHYS	19 6:	from t	OCT he causes a	nd an the	date state	ed abave
	TANLEY M BLA		Captain US					ON (City, town,			
REMOVAL (Specify)		a. 1	Arlington N					gton, V			.01
24 FUNERAL DIRECTOR	S SIGNATURE 1661	l- Goo	od Rope Roa	d SE		REC'D BY			ISTRAR'S SIG		

by the funeral director, and 2 should be filed with TO HOSP AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be a large by the baspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

ours after death Page 4



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 In by the funeral director, and 2 shauld be filed with may the regined by the haspital ar attending physician. O FUNESAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pager the registrar prior to burial, cremation, ar remayal, and in any eyant within 72 hours after death. TO HOSPIFAL OR MANY Hammed by TO FUNEAU DIRECT

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11840

CERTIFICATE OF DEATH

Reg. Dist. No. 11825

	PLACE OF DEATH a. COUNTY Prince	(leopina		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maley Land County							
Г	b. CITY OR TOWN (If	autside carparate limi	ts, write	c. LENGTH OF STAY II	d 15	c. CITY OR TOWN		arate limits, write R	URAL and	give nearest	lawn)		
	L. Hyatt			l yr. 6mc	s.	W. Ryatt	svill	3	6	1			
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street			d. STREET ADDRESS	EX. The many value		-	w. 15	RESIDENCE IN A FARM?		
		res Road				6008 Ri	DOS R	han			S NO		
3.	NAME OF DECEASED	Fir	si	Middle		Lost	4. DATE	Mor	ith #	Doy	Year		
	(Type or print)	lorence		I .	7	Zocum	OF DEATH	Octobe	er	4	1961		
5.	SEX	6. COLOR OR RACE	7. MARR	IED 🔲 NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years lost birthday)			INDER 24 HRS.		
-	emule	White	WIDOWI	Name of the last o	_	1-12-1884		77 yrs.	Months	Days He	Min.		
100	during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (SIG	ate or fareign (country)	12. CIT	ZEN OF W	HAT COUNTRY?		
	Lousowi			-		Mashin	ton,	D. C.	U.	S.A.			
13.	FATHER'S NAME					14. MOTHER'S MAIDER	NAME						
	Rudol	ph Jovens	1			liar	aret 1	itzgera	ald				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IP	NFORMANT		Add	ress				
	no	. Jet, greenor or doct or i		Red-	Ge	orga H. Y	ocum	OUGE	12-6-8	VROS	d . 1d.		
	18. CAUSE OF DEAT	TH [Enter anly one co	use per lin	ne for (a), (b), and (c).]							L BETWEEN		
	PART I. DEAT	H WAS CAUSED BY:	Ti	RACHEAL	0	BSTRUCTO	ON			ONSET A	O HELLIS		
	DUE TO												
	Conditions, if an	y, which)	. MI	ETACTATIO		CANCER	OF	1 WALE	2	1	WEAR		
	gave rise to in cause (a), stating t			2			100				-1115		
ш	lying cause last.) (c		PREBARLY		GASTRIC	CF	ACCER.		1:6-	2 460R		
N	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	1(a) 19. W	AS AUTOPSY		
12											RFORMED?		
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DES	RIBE HOW INJURY OC	CURREC). (Enter nature at injury	in Part I ar Pa	t II of item 1B.)					
MEDICAL	20c. TIME OF INJURY Hour a. ji. p. m.	Manth, Day, Yes	20d. It White at war	Nat while	Oe. PLA foc	CE OF INJURY IHome, for tary, street, office bldg.,	erm, 20f. (Cit	y or town)	(0	County)	(State)		
	21. I certify the	at I attended the	deceas	ed fram. IMA	4	19 61, to_	1207	194. /	that L	ast saw	he deceased		
	alive on	a 0 = 7	. 19./		,	occurred at CLU							
		. ^						treet, city ar town,		ie dule s	DATE SIGNED		
	ACTUAL	Eune K	(1)	OP .		AD 905 S	HERIO	AN ST			alular		
							*1**12773	-N-L			1712-121		
	PHYSICIAN'S NAME (Typo)	enry R.	olf	'el		HYATI	SULL	E. Mo.					
220	BURIAL, CREMATION REMOVAL (Specify)	00t.7.1	961	22c. NAME OF CEMET	ERY OF	CREMATORY	22d. LOCA	TION (City, fawn, o	-0	C	State)		
23.	FUNERAL DIRECTOR'S		n	ADDRESS	1-1		Č'D BY REGIS	Property Page 198	STRAR'S SIC	NATURE			
L	Trancis	J. Oall	suis	Washingt			OCT 6	'6		S. the	4.4		

The Street Printers and the St ----

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH USUAL RESIDENCE (Where dacassed lived, If institution, Rasidance before admission) Film G300 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Prince Georges MARYLAND Maryland Prince Georges b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give neerest town) þ hours Cheverly Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Prince Georges General Hospital Marlboro Hotel 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH Yorke October Harry 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yaa and last birthd Male Car WIDOWED X March DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratired) Race Horse trainer Self Employed Michigan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ple Frederick Yorke Emily Conant 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (If yes giva war or datas of sarvice) 67Edna Oberle 73rd.St. Brooklin, N.Y. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). þ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed burial-transit DUE TO aftending Conditions, if any, which реел gave rise to immadiate cause DUE TO (a), stating the underlying has causa last. the 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate hospital Se USB prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) for OR CONTRIBUTING CAUSE OF DEATH the After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) factory, streat, office bldg., alc.) While Not Whila Hour a.m. Ö at work at work DIRECTOR: 3 should be de 21. | certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on. 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICHAN'S 22d. ADDRESS NAME (Type) Dr. Robert Sasscer Box 2150, Upper Marlboro, Maryland 23a. BURTAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 0 5 8 00d 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

a. IS RESIDENCE ON A FARM?

YES NO

1961

IF UNDER 24 HRS.

Year

Day

29

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO X

(Stata)

22b. DATE

(State)

SIGNED

UNDER 1 YEAR

(County)

arthur S. France

DATE NOV 6

/..., 19....., that (I) (we) last

Months

VR A15 (4) 15M 9/60

